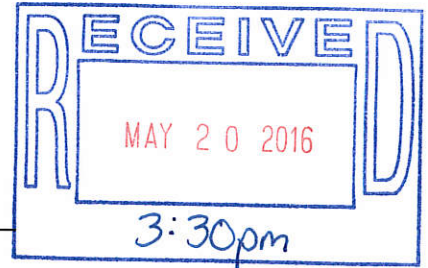


City of St. Louis Department of Human Services  
REQUEST FOR PROPOSALS (RFP)  
Application



TOTAL REQUEST FOR ESG FUNDING: \$ 351,860

1. Name of Applicant(s): St. Patrick Center with Peter and Paul Community Services
2. Name of Program: Biddle House Opportunities Center
3. Program Address: 800 North Tucker Boulevard, St. Louis, MO 63101
4. Phone: (314) 802 -5437 Fax: (314) 802-1982 E-mail: jbliss@stpatrickcenter.org
5. Contact Person & Title: Judson Bliss, Chief Program Officer
6. Requested amount reflects: 29.8 % of the program/project budget of \$ 1,179,405\*  
Requested amount reflects: 2.5;12.6 % of the total agency's budget of \$ 14,263,200 (SPC) ; 2,800,000 (PPCS)  
Is this program/project currently in existence? ☐ Yes How many years?        ☒ No
- Annual amount of funds received from other City of St Louis Agencies? \$ 1,236,000

**ALL DOCUMENTS MUST BE INCLUDED TO ENSURE CONSIDERATION FOR FUNDING**

**All proposals submitted to the Department of Human Services must include the following items:**

<b><u>Project Proposal:</u></b>	<b><u>Required attachment:</u></b>
<ul style="list-style-type: none"><li>• Narrative</li><li>• Organizational Capacity and Experience</li><li>• Service Plan</li><li>• Participant Tracking &amp; Reporting</li></ul>	<ul style="list-style-type: none"><li>• Evidence of 501 (c) 3 status, including current good standing</li><li>• Organizational Chart</li><li>• Current List of the Board of Directors</li><li>• Federal Form 990</li><li>• Job Descriptions</li><li>• Organization Budget</li><li>• Detailed Project Budget</li><li>• Letter of support from the Alderman/woman (if available)</li></ul>

**Narrative:**

The narrative should provide an overview of the proposed project in keeping with the background, intent, and evaluation criteria set forth in this RFP. It should provide sufficient information to demonstrate an understanding of the scope of the project.

**Organizational Capacity and Experience:**

In keeping with the background, intent and evaluation criteria set forth in this RFP, applicant should demonstrate a history of assessing the needs of and providing services to low-income individuals who are homeless, formerly homeless or at risk of becoming homeless. The applicant should provide outcome data from similar programs operated by the organization that shows the effects of the services provided. The applicant should verify established working relationships with other organizations in the community to ensure a network of services to meet the described needs of the participants.

\*The total budget includes \$351,860 in HESG funding; \$361,000 in AHT funding; and SPC/PPCS match of \$447,580. For a breakdown of match funding, please see the following page.

### **Detailed Match**

Meals for BHOC will be provided through St. Patrick Center's casserole program. The value of this service for BHOC is estimated at \$164,250. To feed 125 people three meals a day, an estimated 45 casseroles will be needed per day. Each casserole is valued at \$10.  $\$10 \times 45 \text{ casseroles} = \$450/\text{day} \times 365 \text{ days} = \$164,250$ .

St. Patrick Center interns will help with intakes and assessments for BHOC guests. Interns will work a total of 20 hours/week at a value of \$5/hour =  $\$100 \times 52 \text{ weeks} = \$5,200$

St. Patrick Center has secured the following items for BHOC guests:

300 blankets, valued at \$15/blanket = \$4,500

10 tables, valued at \$200/table = \$2,000

100 chairs, valued at \$25/chair = \$2,500

**Total secured match = \$178,450**

Additionally, St. Patrick Center and Peter and Paul Community Services anticipate being able to secure additional in-kind donations (such as additional furniture, office supplies, cleaning supplies, etc.) to support BHOC operations before the opening of the facility.

St. Patrick Center and Peter and Paul Community Services will use unrestricted funding streams to fill any remaining gap for match. Both organizations undergo a rigorous budgeting process each fiscal year to ensure all anticipated funding gaps in their programs are able to be covered with unrestricted funding after other sources have been utilized.

## **Narrative**

St. Patrick Center and Peter & Paul Community Services (PPCS) are submitting a Collaborative Proposal to fill the role of Facility Manager and Service Coordinator at Biddle House. Under collaborative leadership of these two well-known and trusted organizations, the Biddle House Opportunities Center (BHOC) will integrate programs and services provided throughout the CoC to help each person experiencing homelessness in St. Louis to achieve his or her fullest potential. All activities of BHOC will be aimed at housing people who are homeless by: (1) removing barriers to housing; (2) empowering individuals and families to access resources; and (3) providing the necessary supports to ensure long-term housing stability.

St. Patrick Center and PPCS will coordinate the BHOC facility, but it will serve as a common, shared space for clients and service providers alike. Operational decisions will be made in a clear, transparent, and participatory fashion with clients; in collaboration with the CoC's consumer advisory council; and in accordance with the CoC's Front Door Assessment & Referral Process Policies & Procedures Manual. Neither St. Patrick Center nor PPCS anticipates reduction or elimination of existing homeless services as a result of receiving this funding.

BHOC will follow the concept of Universal System Access (see Attachment A), which will ensure that the focus of the process remains on housing. Additionally, St. Patrick Center and PPCS will follow the Biddle House Service Model, including:

1. Prevention/Diversion Services;
2. Shelter Services; and
3. Coordination of Housing Services.

### Prevention/Diversion Services:

- Individuals/families seeking homeless system services through a phone call, outreach, or walk-in will undergo the nine-step diversion interview and intervention process to determine if entering the homeless services system is the only option, or if there are options that allow them to be diverted from entering the system.
- Individuals who can be diverted from entering the homeless services system will be referred to and begin working with a Diversion Specialist to stabilize housing.

### Shelter Services:

- Individuals who cannot be diverted from the homeless services system will meet with an Intake/Orientation Specialist for shelter referral.
- Single (unaccompanied) men will be referred to Biddle House for overnight shelter.
- Accompanied men, women, and children will be referred to other programs/shelters that best meet their eligibility and needs.

### Coordination of Housing Services:

- Individuals and families will receive assistance during daytime hours in developing housing plans that fit their needs and preferences.
- Individuals and families will receive referrals to community resources needed to aid with removing barriers to stabilization.

- Individuals and families will receive help in connecting with necessary and appropriate services, which will be coordinated by St. Patrick Center and appropriate St. Louis agencies onsite at Biddle House.

Under St. Patrick Center and PPCS leadership, BHOC will serve as an integrated service center at which individuals and families will be engaged in services to help end their experience of homelessness. St. Patrick Center and PPCS will work diligently to ensure that Biddle House remains a safe and secure environment for those experiencing homelessness and housing stability; maintain strong and supportive relationships with downtown residents and businesses; and provide external service providers with ease of access to individuals and families that will benefit from their assistance.

In addition to everyday standard operations and services, BHOC will be equipped with adequate work space to allow CoC member agencies to visit with prospective clients onsite. CoC members will be able to easily meet with clients who have tertiary needs, and begin to fulfill the housing first ideation. This community approach and availability of on-site agencies will enhance and expedite the process of assisting clients in their housing needs.

In summary, St. Patrick Center and PPCS will offer a collaborative, community based facility that makes the best use of all CoC and community resources. Under our management, BHOC will function as a cohesive pathway to end homelessness, offering a “Front Door” process of prevention, diversion, short term shelter, professional case management, and a safe shelter environment. Under the proposed plan, BHOC will truly be a successful, cost effective endeavor that will erase the stigma of homelessness in the greater St. Louis community.

### **Organizational Capacity and Experience**

St. Patrick Center and PPCS are both well-equipped to take on the role of Facility Manager and Service Coordinator at Biddle House. Both organizations are well-known and trusted within the St. Louis community, and have the necessary experience to operate the proposed project.

- *St. Patrick Center:* St. Patrick Center has been a leader in providing services for homeless and at-risk individuals in St. Louis for more than 30 years. By offering tailored support in three key areas – housing, employment, and health – St. Patrick Center helps low-income, vulnerable individuals and families to effectively address homelessness and housing instability. St. Patrick Center is currently the primary provider of daytime services in St. Louis for those who are homeless. From 8:00 AM until 4:30 PM, individuals and families can access GED and independent living skills classes; housing assistance; day treatment for those with mental and behavioral health services; intensive case management; employment and job training programs; job readiness classes; and a food pantry and clothing closet. St. Patrick Center has also established key relationships with hundreds of community partners in order to coordinate services for other barriers, such as child custody, legal issues, SSI/SSDI assistance, and medical assistance.

In fiscal year 2015, St. Patrick Center conducted over 3,300 new, comprehensive intake assessments to determine clients’ needs, and helped 2,400 additional individuals connect with other community resources that best met their needs. St. Patrick Center also helped

712 individuals and families move into permanent housing; helped an additional 322 households maintain permanent housing; helped 248 individuals to secure full- or part-time employment; and provided mental and/or behavioral health treatment for 800 individuals. St. Patrick Center's approach to assisting individuals is highly individualized and holistic to address the specific issues that have led to homelessness or housing instability for each individual and family, and to help them reduce the barriers they facing in overcoming these issues. St. Patrick Center believes that this approach promotes self-sufficiency and dignity, which helps these individuals make positive and sustainable changes that improve their quality of life.

St. Patrick Center works with a variety of community partners to ensure individuals' needs are being met to the greatest extent possible. Partners include Affinia Health Care (formerly Grace Hill Health Centers), BJC Behavioral Health Services, Catholic Charities of St. Louis, Downtown STL, Gateway Greening, Missouri Career Center, St. Louis Agency on Training and Employment, the St. Louis Cardinals, St. Louis Community College, St. Louis Public Schools, and many more. Additionally, St. Patrick Center has cultivated relationships with hundreds of businesses throughout the metropolitan area that frequently hire clients who are seeking employment. St. Patrick Center also maintains relationships with hundreds of property owners throughout the metropolitan area who provide affordable housing options for clients.

- *Peter & Paul Community Services:* Over the past 35 years PPCS has grown from its roots as a seasonal shelter staffed by volunteers, to an agency employing 62 staff. Program staff include: case managers, nurses, occupational therapists, social workers, psychiatric technicians, shelter monitors, housing specialists, food service, and maintenance. In addition, an estimated 3,275 volunteers donate approximately 31,000 hours annually to support the mission. PPCS is a founding member of both the St. Louis City and County Continuums of Care, and has mentored several agencies over the years to help create additional homeless service providers to meet the needs of homeless Missourians beyond the scope of our agency.

In fiscal year 2015, PPCS served 1,400 unduplicated individuals; ended homelessness for 166 men and women; prevented homelessness for 45 people; provided temporary housing to 625 men; and served over 130,000 meals to men, women, children, seniors, and veterans. Additionally, 75% of residents in PPCS's clinical transitional housing programs successfully moved to permanent housing.

PPCS has extensive experience planning, implementing, and coordinating shelter, housing, and support needs for homeless men. The agency's emergency shelter has provided shelter, food, showers, laundry, and other support to up to 60 men nightly since 1981; and they established transitional housing programs for homeless men and women living with HIV and for homeless men experiencing serious mental illness, as well as permanent housing for chronically homeless men and women. The meals program also provides dinner to approximately 230 individuals for 20 days per month.

PPCS has been a member of the St. Louis City Continuum of Care since 1986 and collaborates with dozens of agencies to link our clients to a full range of services. Staff

refers clients to partners and collaborators such as Places for People, Employment Connection, Legal Services of Eastern Missouri, the Veterans Administration, vocational rehabilitation, sobriety support meetings, and several area treatment centers. Nurses from Affinia Health Care come to the shelter every week to meet with residents, provide health education and make medical referrals. The BJC Behavioral Health outreach worker visits the shelter on a weekly basis to talk with residents with mental health needs and make referrals as needed.

St. Patrick Center and PPCS both serve in various leadership roles within the St. Louis community. St. Patrick Center serves on the board of the Downtown St. Louis Community Improvement District (CID) committee, the goal of which is to provide enhanced services to make downtown a safer and more inviting place. Both organizations also serve on numerous CoC committees and have taken a leadership role on many of those committees.

Please see the staffing information in the following Service Plan section that outlines the qualifications and experience of existing and planned additional staff needed to support the proposed program and service plan.

### **Service Plan**

St. Patrick Center and PPCS have developed a comprehensive service plan for BHOC, which includes both Day Services (intake and assessment, providing temporary respite and meal service, and coordination of agencies seeking to provide services onsite) and Overnight Services (overnight shelter with 98 permanent beds for single men, as well as limited space for temporary expansion during cold weather overflow nights and other emergency or unexpected influx). St. Patrick Center will serve as the lead for coordinating and managing Day Services, and PPCS will serve as the lead for coordinating and managing Overnight Services and providing 24-hour monitoring of BHOC. These roles complement the expertise and experience of the collaborative applicants, which is vital to ensuring the success of BHOC.

Day Services: PPCS will provide 24-hour monitoring of BHOC, while St. Patrick Center will serve as the lead for coordinating and managing Day Services at BHOC. St. Patrick Center will utilize its existing coordinated intake and assessment process and personnel for assessing individuals and families for entry into the homeless service system. Those who can be diverted from the shelter system will receive short-term assistance that prevents them from falling into homelessness. These individuals and families, when necessary, will be able to come to BHOC during the daytime hours to receive assistance on addressing their needs for long-term stability.

Day Services will be offered Monday through Friday from 6:00 AM until 6:00 PM, and will serve between 75 and 125 men, women, and families that are experiencing homelessness. Services provided during daytime hours will include (but are not limited to): intake and assessment, temporary respite and meal service, and coordination of agencies seeking to provide onsite services. St. Patrick Center will identify and coordinate with other services providers to provide onsite services during the operating hours. St. Patrick Center realizes that some hours outside of the usual operating hours may be necessary, and will be accommodated on a case-by-

case basis. The goal of Day Services is to ensure that individuals and families have access to services and supports that move them quickly off the street and into stability and housing.

Overnight Services: PPCS will serve as the lead for coordinating and managing Overnight Services. PPCS shelter monitors will provide protective oversight and security for occupants, as well as coordinating shower, laundry, locker, telephone, and computer usage.

Overnight Services will be offered daily (seven days per week, 365 days per year) from 6:00 PM until 6:00 AM, and will shelter up to 98 single men every night. A smaller dorm room with approximately eight beds will be used as respite care for clients who are ill or transitioning from the hospital. Individuals staying in the BHOC overnight shelter will have access to laundry facilities, shower facilities, lockers, hygiene supplies, and telephones. The goal of Overnight Services is to provide a safe and suitable overnight environment for men experiencing homelessness so that they do not have to spend the night in an unsafe, uninhabitable space.

The overnight shelter has the space to accommodate additional/overflow persons in winter; however, the budget for this grant does not allow to reasonable staffing and supplies currently. Additional funding would have to be negotiated with the City of St. Louis to accommodate more people during the winter months.

The overnight shelter will also provide temporary expansion cots for during cold weather overflow nights and/or other emergency or unexpected influx of individuals needing shelter.

St. Patrick Center and PPCS will employ the following service strategy in the management and coordination of BHOC:

BHOC point-of-entry:

- Clients will sign-in with an Intake/Orientation Concierge to gather basic information
- Clients will meet with a Diversion Specialist to gather brief data collected for HMIS and complete the 9-Step Diversion Interview & Intervention process (see Attachment B).
  - If diversion is possible, clients will work closely with Diversion Specialist until returning to housing/re-stabilizing housing
  - If diversion is not possible, clients will meet with Intake/Orientation Specialist for shelter referral. This meeting will also discover whether or not clients fall into a CoC priority population (e.g., Veteran, domestic violence, HIV/AIDS, chronically homeless).
- Direct shelter referrals will be provided for the same night (transportation assistance will be provided, if needed).
  - If a client meets eligibility criteria for multiple shelters and those shelters have openings, the client will be able to choose the shelter at which he/she will stay.

If placed in BHOC overnight shelter:

- The Diversion Specialist will collect basic information (including services, demographics, financial, special needs, contacts, residency, HUD assessments)
- All clients (including those placed in BHOC) will receive a housing referral within seven days to meet with a Housing Coordinator.

- Clients will complete the VI-SPDAT within seven days of shelter entry:
  - Score of 3 or lower: referral to Diversion Specialist to revisit options
  - Score of 4-7 (single men): begin working on housing exploration
  - Score of 8 and above: begin working toward placement in permanent supportive housing
- Based on VI-SPDAT score, clients will be referred to priority lists (transitional housing, rapid re-housing, permanent supportive housing):
  - Direct housing referrals provided when possible
  - If a client meets eligibility criteria for multiple programs within a housing intervention, the client will be able to choose the program in which he/she will be placed
  - Housing Case Manager will create an individualized housing packet for each client, which will consist of clients' housing preferences, needs, and possible barriers to assist in the transition from shelter to housing.
- Clients will receive referrals to appropriate services and support (internal and/or external) which address barriers to housing (including behavioral/health, disability/SOAR, employment, entitlements, GED, legal services, physical health, veterans' services)
- Clients will secure housing and move from overnight shelter as quickly as possible (or, in the case of a client who refuses shelter referral, move from the streets into housing).

Please see Attachment C for an illustration of how clients will be engaged and progress through the BHOC collaborative system.

#### Staffing Plan:

BHOC's Day Services will be overseen by the BHOC Manager (1.5 FTE), who will supervise the Diversion Specialists (4 FTE), Intake and Orientation Concierges (1.5 FTE), and Food Service Supervisors (3 FTE). The BHOC Manager will report to St. Patrick Center's Director of Program Support Services. This team will be responsible for coordinating appropriate housing and food services for all individuals who seek respite at BHOC.

BHOC's Overnight Services and 24-hour monitoring will be provided by PPCS shelter monitors (12.5 FTE) and overseen by the Shelter Assistant Director (1 FTE). In addition, the current PPCS Shelter Program Director and Shelter Assistant Director will also assist with oversight of both 24-hour monitoring and Overnight Services at BHOC. PPCS will also hire laundry staff (3 FTE) to ensure clean bedding and linens for the facility.

In addition to BHOC staffing, both St. Patrick Center and PPCS have experienced and qualified staff that will contribute to the success of BHOC under this Collaborative Proposal.

#### St. Patrick Center:

- Laurie Phillips, Chief Executive Officer: During her 18 months leading St. Patrick Center, Ms. Phillips has moved the agency into a true Housing First model. She has also secured numerous government contracts to fund programs covering existing gaps in St. Louis City homeless services, such as rapid rehousing and permanent supportive housing for non-veterans. Ms. Phillips serves on the board of the Downtown St. Louis



Community Improvement District committee and is involved with the Health Leadership Program, (sponsored by Missouri Foundation for Health) which works to improve health outcomes for vulnerable populations. Additionally, she has fifteen years of experience in finance/accounting, including audit, financial analysis and investor relations in both public accounting and industry.

- Judson Bliss, Chief Program Officer: Mr. Bliss has a long history of serving the homeless population, and is very familiar with the barriers and challenges they face, as well as the services offered for this population in St. Louis City. As CPO, he has implemented several programs that fill existing gaps in current St. Louis City homeless services. He also has extensive experience in HUD programming and HMIS system reporting. Mr. Bliss concurrently earned his Master of Social Work and Ph.D. from the George Warren Brown School of Social Work at Washington University in St. Louis, then completed a two-year National Institute of Mental Health post-doctoral research fellowship and a master's degree in Psychiatric Epidemiology at the Washington University School of Medicine, Department of Psychiatry.
- Gene Schmitt, Director of Program Support Services: Mr. Schmitt has worked at St. Patrick Center since 2005, and has been instrumental in growing the organization's successful internal coordinated intake system and securing an ESG (Emergency Services Grant) that supports St. Louis City's Temporary Men's Emergency Shelter. The intake program not only focuses on shelter intake but utilizes the 9 step Diversion process adopted by the St. Louis CoC. Prior to St. Patrick Center, Mr. Schmitt had a distinguished 26-year Air Force Career, where he served in two wars, received numerous commendations, and was instrumental in establishing the current Military Family Support System.
- Rachel Hollander, Coordinated Entry Coordinator: Ms. Hollander has worked with the homeless population since 2011. She has been instrumental in coordinating service referrals to St. Patrick Center and other area agencies for the men at 12th and Park, leading St. Patrick Center's efforts for coordinated entry for unaccompanied men, and researching, writing, and securing private funding to support diversion efforts. Ms. Hollander graduated with a bachelor's degree in social work from University of Missouri-St. Louis. If this Collaborative Proposal is selected for funding, St. Patrick Center anticipates Ms. Hollander will transition into the role of BHOC Manager given her vast experience and interest.

#### Peter & Paul Community Services:

- Steve Campbell, Executive Director: In the nearly 30 years Mr. Campbell has led PPCS, he has overseen the development of emergency, transitional and permanent housing and moved the agency toward professional clinical services that incorporate evidence-based practices including housing first, harm reduction and trauma informed care. He has served as the Chair of the Missouri Housing Development Commission's Housing Trust Fund Advisory Committee from 2010 to 2012 and served as the Vice-Chair of the St. Louis City Continuum of Care from 2009 to 2012. He has been a member of the St. Louis City Continuum of Care Review and Ranking Committee since 2010.
- Don Shipp, Shelter Director: Mr. Shipp became the shelter director in April 2016. He is a Licensed Clinical Social Worker who has worked with homeless, mentally ill men since 1989. He has previously served at Places for People as a Housing Case Management

Specialist and Assertive Community Treatment Team leader where he employed trauma informed care.

- Dan Hill, Assistant Shelter Director/Case Manager: Mr. Hill is a former BJC Behavioral Health outreach case worker was hired as the Assistant Shelter Director/Case Manager in 2013. He has extensive experience working with men with severe mental illness and co-occurring substance abuse. Mr. Hill created the shelter case management program and his expertise has helped the program improve and track outcomes for shelter residents.

Resumes for the aforementioned St. Patrick Center staff and PPCS staff are included as attachments.

Program Guidelines: The following are general programmatic guidelines that St. Patrick Center and PPCS will put into practice for BHOC:

**Service Hours:**

- Diversion: 7:00 AM-10:00 PM, 7 days per week
- Overnight Men's Shelter: 6:00 PM-6:00 AM
- Coordinated Entry/Day Services:
  - Day services will accommodate up to 125 men, women, and families.
  - Hours of operation will be from 6:00 AM until 6:00 PM, Monday through Friday, and from 8:00 AM until 4:00 PM on Saturday and Sunday.
  - Flex hours outside the structured hours may be necessary (and will be accommodated) on a case-by-case basis.

**Client Resources:**

- Clients will have access to the computer lab to search for housing.
- Telephone access will be provided to call and make appointments with landlords.
- Maps and information about how to access government benefits will be provided.
- Access to public transportation will be made available to those persons with confirmed rental unit viewings. Please note: This does not preclude other service organizations from providing transportation assistance for other services/resources, such as employment or education.

**Client Engagement:**

- Individuals who remain in the facility during daytime hours will be informed and reminded that the intent of the facility is housing, not simply respite.
- Clients will be treated with respect, consistent with professional ethics.

**Safety and Security:**

- Violence, aggression, and destruction of property will not be tolerated.
- Staff will be trained in non-violent intervention (Mandt method) to de-escalate potentially violent situations (following St. Patrick Center's existing de-escalation policy and practices).
- Client Monitors assist people with questions and concerns, and are responsible for diffusing potential problems.

- Police will be contacted for assistance with acts of violence or refusal to leave when asked as a function of a non-violent intervention.
- Clients may be banned from the facility for acts of violence, aggression, and destruction of property.
  - Banning will not necessarily preclude someone from receiving services outside of the facility.
  - A policy on time limits and infraction types will be developed in collaboration with the CoC's consumer advisory council and CoC agencies providing services within the building.

#### Meals:

- BHOC will provide three meals every day, seven days a week and 365 days per year.
- Meals will be prepared in house with 100% donated food, in conjunction with St. Patrick Center's existing casserole program and volunteer groups.

#### Volunteers:

- BHOC will accept volunteers to assist with the housing focus of the collaboration.
- A policy on volunteers will be developed in collaboration with the CoC's consumer advisory council and CoC agencies providing services within the building.

#### Other activities:

- Smoking will not be permitted in the building, but will be allowed on the portico on the north side of the building.
- Substance use is not allowed on the premises. However, clients will not be screened or barred from services for having used substance off site.
- Clients may come-and-go as they wish, although entry into the building will be limited during overnight shelter hours. These hours will be publicly communicated and posted.
- Some recreational activity is allowable during daytime hours (e.g., board games, card games). Clients will not be able to watch television during daytime hours.
- Regular cleaning and maintenance of BHOC will be performed by St. Patrick Center's BEST (Building Employment Skills for Tomorrow) crew. BEST is a job training program for homeless men and women.

BHOC will serve as an integrated service hub that works toward ending homelessness in St. Louis City. It will be a place where CoC agencies collaborate among themselves and with clients to prevent and end the experience of homelessness in a safe, collaborative, and appropriate environment. Both day and overnight services will be provided with as much inclusion as possible and with limited barriers. St. Patrick Center and PPCS will ensure that the shelter operation has a strong housing focus; that services and housing provision is based on prioritization of those that have the greatest level of need; and ensure an appropriate match between people and available housing units.

### **Participant Tracking and Reporting**

Consistent with the U.S. Department of Housing and Urban Development (HUD) (Program interim rule 24 CFR 578) and with the Substance Abuse Mental Health Services Administration's (SAMHSA) program, Projects for Assistance in Transition from Homelessness

(PATH), a homeless management information system (HMIS) facilitates the effective and efficient transition of persons experiencing homelessness into permanent housing. HMIS also enables the service system community to effectively and efficiently coordinate supportive services needed by individuals in order to help them to maintain permanent housing. Both of these goals are achieved through rapid information sharing, which reduces the duplication of information gathered and duplication of services, thereby eliminating these barriers to housing. The result is improved outcomes for vulnerable people and at a reduced cost for the community.

*Tracking Participants:* St. Patrick Center and PPCS will utilize a common HMIS and/or a comparable database (or data warehouse referred to throughout this document as HMIS) to meet all of the HUD requirements for data collection and analysis (as noted in the 2014 HMIS Data Standards). Both agencies will continue working with the CoC's HMIS subcommittee to identify solutions for seamless communication between various databases used by CoC agencies; however, since a system is not yet in place, St. Patrick Center and PPCS will initially continue using separate systems and will devise a plan for sharing data when necessary to ensure that the project is meeting any and all participant tracking and reporting standards. Staff will record data in real-time or near real-time so that personal characteristics, service use, referral information, and outcome data are accurate and reliable. Data will also be subject to quality evaluation on a regular basis and in accordance with the proposed data quality plan.

*Assessing Progress toward Personal Goals:* Staff providing case management, diversion, or other support service will develop case plans, which are consistent with the housing focus of the plan of the CoC. Staff will also work with clients to develop personalized goals. Encouraging and empowering clients and respecting their choices are key tenets of the Housing First philosophy. Case management staff will monitor the progress of each client as they attain their goals. Management staff will monitor program level accomplishments

*Evaluating Effectiveness of Services and Achievement of Programs Goals:* Management staff will monitor program level accomplishments through HMIS reports. These activities will include monitoring client characteristics, referrals, services, and expenditures. Managers will compare actual results with program goals.

*Reporting:* The data collected will be those elements stipulated in the federal universal data standards manual Version 2.1, released August 2014 (revised October 1, 2015) by the U.S. Department of Housing and Urban Development. These data include client characteristics and service use. Additionally, reports will include information regarding financial assistance and other expenditures relevant to the project.

*Client Characteristics:* The required characteristics of individuals served will be collected at entry and entered into HMIS. The manual also requires some of these characteristics to be re-entered at other time intervals. The entry requirements will be followed by appropriate staff members. Examples of these are financial status and housing status. Elements that change over time give client-change information, such as increases in income or improvements in housing status, which are vital to the purpose of this proposal. Evaluation of client characteristics will be conducted at least quarterly by the management staff, and annually by management staff, St.

Louis City Homeless Services Division, and the Institute for Community Alliance (CoC HMIS Lead).

In a fashion similar to the entry and evaluation of individual characteristics, key staff members will enter services into HMIS as they occur. Management staff will evaluate service use at least quarterly. Finally, management staff will evaluate service use annually in collaboration with St. Louis City Homeless Services Division and Institute for Community Alliance.

*Expenditures:* St. Patrick Center and PPCS have long-established accounting and reporting procedures with St. Louis City through other CoC-funded programs. The accounting will follow these same procedures. Briefly, all expenditures will be documented through check requests and reimbursement forms with accompanying documentation (e.g., receipts, check copies, and invoices). Each month, accountants send statements with documentation to the City of St. Louis. St. Patrick Center is subject to annual audits of programs through the Archdiocese of St. Louis, and the results of this audit will be made available to St. Louis City. PPCS has an auditing firm that completes an annual audit, and those results will be made available to St. Louis City as well.

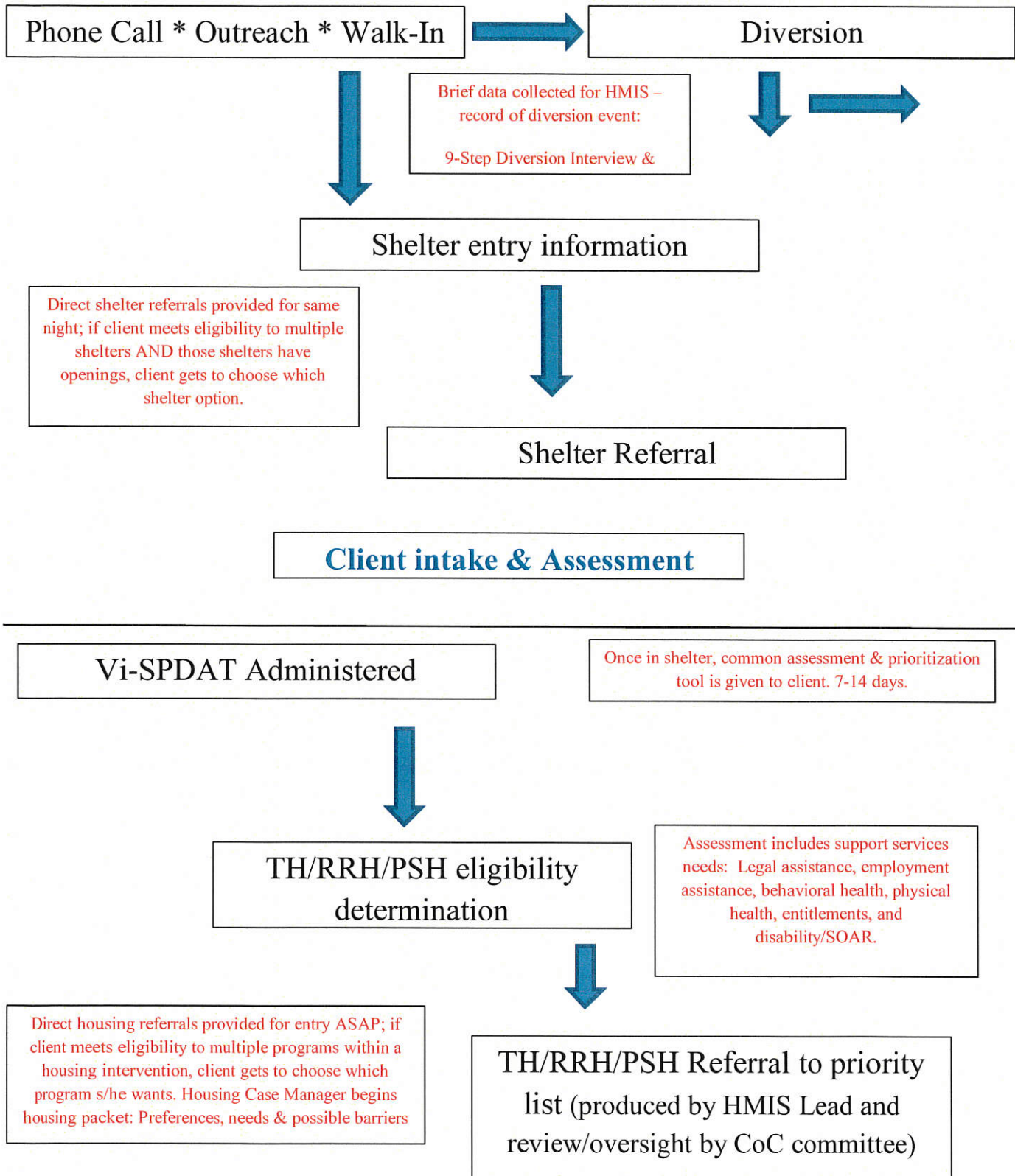
**Attachment A**  
**Universal System Access**

- Only those persons that need housing assistance (those with moderate or high acuity) are eligible (all others should have been diverted);
- The CoC inventories all funded housing programs for the HUD Housing Inventory Count (HIC), and all eligibility screening criteria are explicit and transparent;
- All CoC-funded housing programs may ONLY accept new tenants through the coordinated entry process;
- Coordinated Entry housing case managers and Outreach workers within the community are responsible for ensuring shelter clients that are recommended for housing are “document ready”;
- The CoC has established a priority sequence that cannot be trumped (for example, Priority 1 are those who meet HUD’s definition of chronic homelessness and have a VI-SPDAT score of 8 or above);
- All CoC funded housing programs have to name which priority groups they house (and, conversely, who they do not house);
- The HMIS Lead will generate a report weekly through HMIS of all people that are document ready, by priority group;
- Each CoC funded housing program has the ability to make an offer to whomever they want to serve;
- If an eligible participant is not selected within 4 months, the CoC priority list team will evaluate the reasons and match the participant to the most appropriate housing provider, and the housing provider must accept the person into their housing.

**Attachment B**  
**Nine-step process of diversion from the men's shelter**

1. Explanation of diversion using a scripted conversation that aims to avoid entry into shelter whenever there is a safe and appropriate alternative.
2. Ask the client to explain why – exactly – he is seeking shelter today. This includes describing what he has already tried or thought about trying but has not yet attempted.
3. Ask where he stayed last night, how long he stayed there, and whether or not he can return there safely for at least another three days while trying to figure out next steps. If where he was staying is unsafe or he cannot return, skip to Step Six.
4. Ask him to explain the MAIN reason he had to leave the place he stayed the night before. As a follow up, ask him to explain the other reasons why he can stay there no longer.
5. Find out if the time there could be extended if the person with whom they were staying knew that permanent solutions and referrals were being made, connecting them to other community resources. If not, ask why.
6. If he cannot return to where he stayed the night before or if it was unsafe, explore other potential people he could stay with that may be safe and appropriate.
7. After determining there is no alternative, but before admitting to shelter, ask a series of exploratory questions to understand why he is having difficulties finding permanent housing.
8. Explore what resources he may have at his disposal (e.g., family members or friends) that would allow for an alternative to shelter and/or could help inform his pathway to permanent housing.
9. Admission to shelter involves the expectation that he will be attempting to secure permanent housing. This is the beginning of formulating a plan for securing housing. We want people to know, even upon shelter entry, that shelter is not the answer. Permanent housing is the answer.

**Attachment C  
BHOC Client Flow**





**Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date: May 29, 2015**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

53-0196617

**Group Exemption Number:**

0928

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

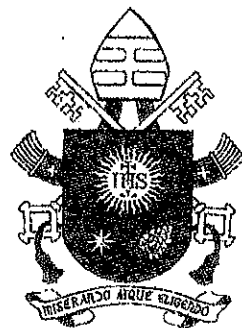
Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, stylized 'T' and 'R'.

Tamera Ripperda  
Director, Exempt Organizations

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA  
 NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS  
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# The Official Catholic Directory

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2015

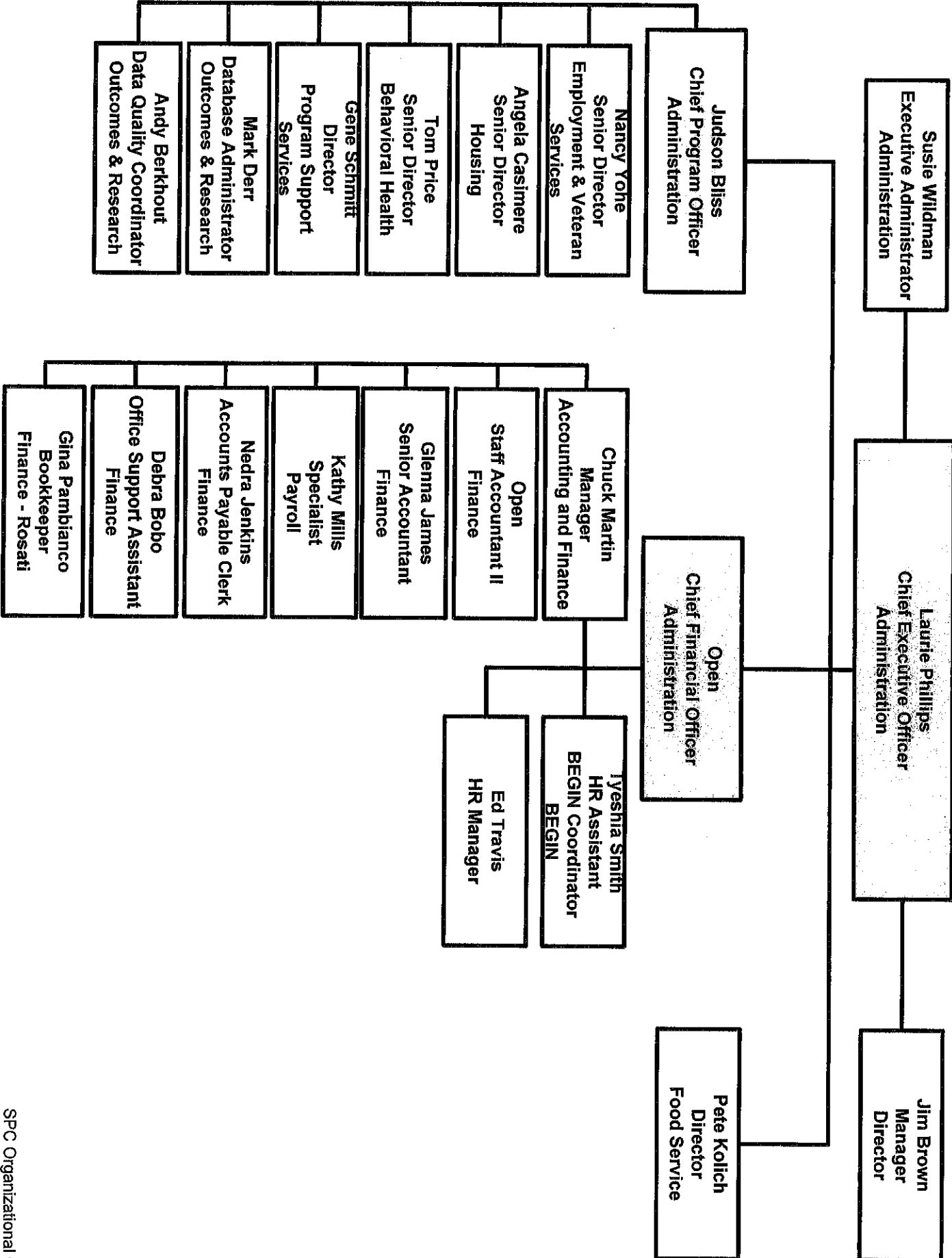
Published Annually by  
P.J. Kennedy & Sons

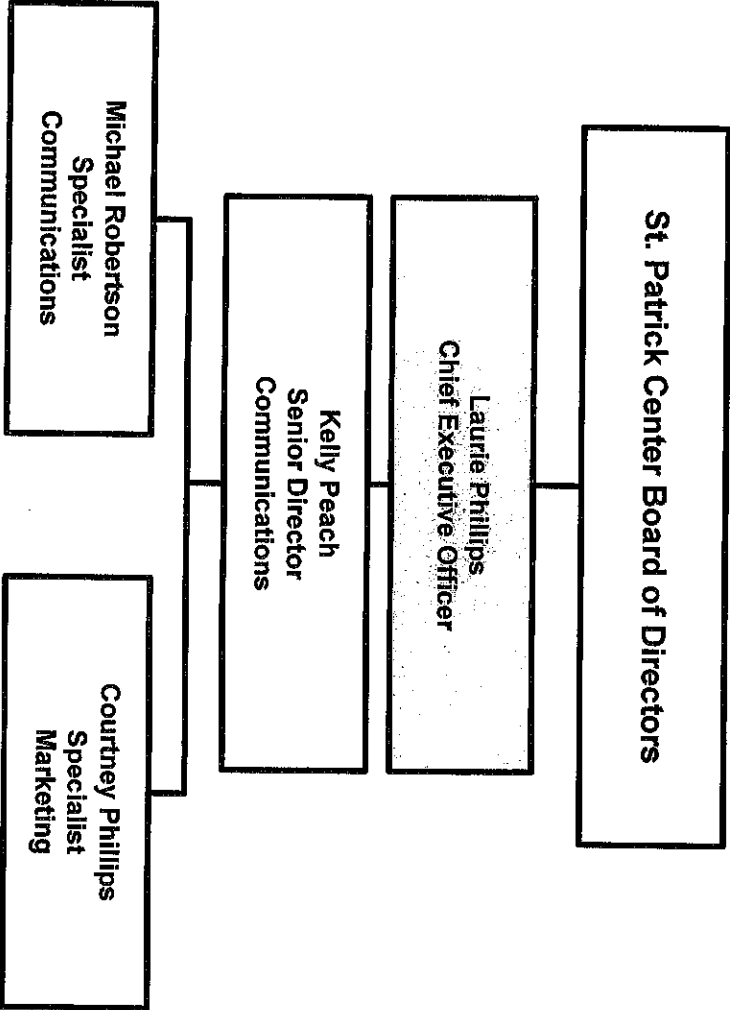
(961) 3601 Lindell Blvd.,  
63122. Fax: 314-633-4623.  
Web: [www.sources.com](http://www.sources.com).  
Rev. John W. Padberg,  
Staff 5.  
Association (1993) 1049 N.  
63122. Tel: 314-965-  
schneiber@ecbglobal.net.  
communityhousing.org. Provides  
housing & supportive svcs. for  
disabled & working poor  
adults. Operates Pillar Place  
Apartment.  
St. Charles Church Real Estate  
Corporation, 63119. Tel:  
314-792-7401. Rev. Msgr.  
J.C.L., Contact Person.  
St. Catherine Labouré, 12160  
Susan Tumminia, Pres.  
Office of Charity of the United  
States of Intl. Charities of St.  
Vincent-Guardian Angel,  
63122. Tel: 314-621-2232. Email:  
affiliatewithladiesofcharity  
states@theassoc.ofintl.  
charities.org.  
St. Joseph's, 63104. Tel:  
314-621-2232.  
St. Joseph's Center, 7600 Natural  
Bridge Rd., 63122. Tel: 314-  
383-4207; Fax: 314-  
383-4207. Makowski, Pres.  
St. Joseph's Center, Ladies of  
Charity, Thrift Store & Food  
Bank, 7600 Natural Bridge Rd.,  
63122. Total Assisted 1,065.  
St. Joseph's Real Estate Corporation, 20  
Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-  
7408. Rev. Msgr. Jerome D. Billing,  
Contact Person.  
St. Joseph's Fund, 20 Archbishop  
May Dr., 63119-5738. Tel: 314-792-  
7408. Michael J. Rizzo.  
St. Joseph's Religious Collaborative  
Fund, 63108. Tel: 314-  
383-4207. Email: [stjrc@angelatutoringproject.org](mailto:stjrc@angelatutoringproject.org).  
St. Joseph's C.F.P.S., Contact Person.  
St. Joseph's Project for Immigrant/  
Refugee and Intercommunity  
Relations.  
St. Joseph's Charismatic Renewal, 10909 St.  
Louis, 63104. Tel: 314-427-7786.  
Fax: 314-427-7789. Email:  
stjrc@web.org. Web: [www.stjrc.org](http://www.stjrc.org).  
St. Joseph's Robert Hermann, Liaison; Ms.  
Hermann (2001) Tel: 314-725-6527.  
St. Joseph's Ministry  
63122. Tel: 314-427-7789.  
St. Joseph's S. Compton, 63111. Tel:  
314-792-7408. Fax: 314-792-7408.  
St. Joseph's with books & tapes, prayer  
groups, retreats for parishes, leaders  
groups, conferences, special  
renewal.  
314-7786; Fax: 314-427-7789.  
St. Joseph's Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr.,  
63119. Tel: 314-792-7401. Rev. Msgr.  
J.C.L., Contact Person.  
St. Joseph's Office of St. Louis, 4211  
63116. Tel: 314-832-7321.  
St. Joseph's 7654 Natural Bridge Rd.,  
63122. Carolyn McQuaid, R.G.S., Sec.  
St. Joseph's, 3221 McKelvey Rd. Ste  
63044. Tel: 314-768-1817; Fax:  
314-768-1817. Email:  
joshuaughnessy@  
stjrc.org.  
St. Joseph's Foundation (2003) 14528 S. Outer  
Road, 63017. Tel: 314-579-  
3732. Email: [michele.giunta@stjrc.org](mailto:michele.giunta@stjrc.org).  
St. Joseph's Spk., Exec. Vice Pres.  
St. Joseph's Jefferson, 1400 Hwy. 61  
St. Louis, 63019.  
St. Joseph's, Inc., 2039 N. Geyer Rd.,  
St. Louis, 63019.  
St. Joseph's Responsible Investment, 8400  
63111. Tel: 314-678-0471. Web:  
www.stjrc.org. Sr. Barbara Jennings.  
St. Joseph's Family Retirement Trust  
63118. Tel: 314-577-  
6301.  
St. Joseph's Community of the United  
States (CLC) (1540) 3601 Lindell  
63122. Tel: 713-240-3785. Web:  
www.stjrc.org. Ms. Kunkle, Pres. Founded c.  
1954, a public, intl. assn. of the  
United Right which builds small  
houses for mission & svcs. to the  
poor. Spiritual Exercises of Saint  
Ignace as its specific source &

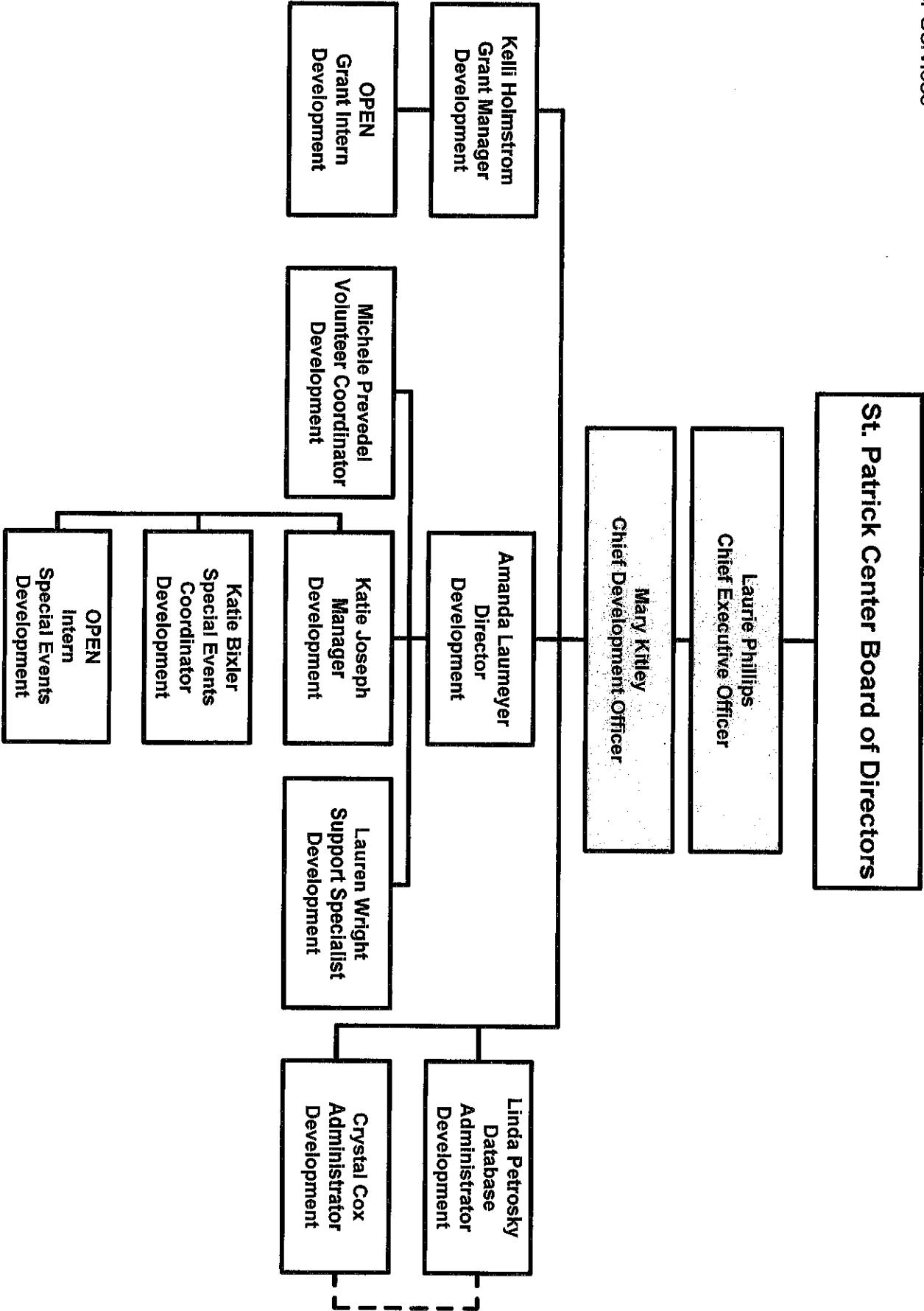
characteristic instrument for its spirituality.  
Membership equally open to primarily Catholic  
Christian men, women, youth & young adults,  
clergy, brothers & sisters.  
Network of Sacred Heart Schools, Inc., 700 N. Third  
St., St. Charles, 63301. Tel: 636-724-7003; Fax:  
636-724-4049. Email: [nahoffice@sohs.org](mailto:nahoffice@sohs.org). Web:  
[www.sohs.org](http://www.sohs.org). Madeleine Orman, Dir.  
Our Lady's Inn (1981) 4223 S. Compton, 63111. Tel:  
314-351-4890; Fax: 314-351-2119. Email:  
pforrest@ourladyinn.org. Web:  
[www.ourladyinn.org](http://www.ourladyinn.org). 3607 Hwy. D., Defiance,  
63341. Tel: 636-398-5375; Fax: 636-398-5376.  
Peggy Forrest, Contact Person. Residential  
shelters for pregnant women who have no home,  
who are being abused, who have no one who  
cares, and/or who are being pressured to abort  
their baby. We provide living facilities, food,  
clothing, counseling, vocational guidance and  
follow up care. Total Assisted 650; Total Staff 42.  
3607 Hwy. D., Defiance, 63341. Tel: 636-398-5375;  
Fax: 636-398-5376.  
St. Patrick Center (1988) 800 N. Tucker, 63101. Tel:  
314-802-0700; Fax: 314-802-1981. Email:  
cwatermon@stpatrickcenter.org. Web:  
stpatrickcenter.org. Colleen Watermon, Chief  
Devel. Officer. Located in downtown St. Louis, St.  
Patrick Center provides opportunities for self-  
sufficiency and dignity to persons who are  
homeless or at risk of becoming homeless.  
Individuals achieve permanent, positive changes  
in their lives through education, affordable  
housing, sound mental health, employment and  
financial stability. Total Assisted 8,000; Total  
Staff 125.  
St. Patrick Partnership Center, 800 N. Tucker,  
63101. Colleen Watermon, Chief Devel. Officer.  
Pauline Books and Media, 9604 Watson Rd., 63126.  
Tel: 314-866-3512; 314-866-5273; Fax: 314-821-  
8401. Email: [etlouis@pauline.org](mailto:etlouis@pauline.org). Web:  
[www.pauline.org](http://www.pauline.org). Daughters of St. Paul.  
Pelletier Trust, a Charitable Trust of the Sisters of  
the Good Shepherd (1990) 7654 Natural Bridge  
Rd., 63121. Tel: 314-381-3400; Fax: 314-381-6449.  
Perpetual Help Retirement Corporation (2002) 335  
S. Kirkwood Rd., 63122. Tel: 314-866-3700; Fax:  
314-965-3710. Email: [armaryanne@fsoh.org](mailto:armaryanne@fsoh.org).  
Web: [www.fsoh.org](http://www.fsoh.org). Established by the  
Franciscan Sisters of Our Lady of Perpetual Help  
to Support the Religious and Charitable Purposes  
of the Franciscan Sisters of Our Lady of Perpetual  
Help.  
Perry County Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
Redemptorists of Matthei (1989) 1118 N. Grand  
Bld., 63106. Tel: 314-533-0304; Fax: 314-533-  
4260. Bro. Torrence Burke, C.Sa.R.  
Rosati Center, 4220 N. Grand Ave., 63107.  
Sisters of the Good Shepherd Province of Mid-North  
America Foundation (2001) 7654 Natural Bridge  
Rd., 63121. Tel: 314-381-3400; Fax: 314-381-7102.  
Email: [amcquaid@gspma.org](mailto:amcquaid@gspma.org). Web:  
[goodshepherdsisters.org](http://goodshepherdsisters.org). Sr. Mary Carolyn  
McQuaid, R.G.S.  
Society Devoted to the Sacred Heart, 9600 Tennyson  
Ave., 63114. Tel: 314-429-0526; Fax: 314-429-0794.  
Email: [sdshe@junocum.com](mailto:sdshe@junocum.com). Web:  
[www.sacredheartssisters.com](http://www.sacredheartssisters.com).  
Society of St. Vincent de Paul, Council of St. Louis  
(1845) 100 N. Jefferson Ave., 63103. Tel: 877-238-  
3228; 314-881-6000; Fax: 314-631-6712. Email:  
[info@svdpsl.org](mailto:info@svdpsl.org). Web: [www.svdpsl.org](http://www.svdpsl.org).  
Christy Thrift Store, 4928 Christy, 63116. Tel:  
314-881-6043.  
Dellwood Thrift Store, 10052 W. Florissant Ave.,  
63186.  
Lemay Ferry Thrift Store, 3924 Lemay Ferry Rd.,  
63125. Tel: 314-881-6046.  
St. Charles Thrift Store, 1063 Regency Pkwy., St.  
Charles, 63303. Tel: 314-881-6047.  
West County Thrift Store, 14660 Manchester Rd.,  
Ballwin, 63011. Tel: 314-811-6034.  
SSM Health Businesses, 10101 Woodfield Ln.,  
63132. Tel: 314-994-7800. Email: [june.pickett@ssmhc.com](mailto:june.pickett@ssmhc.com). Member of SSM Health Care.  
SSM Health Care Corporation, 10101 Woodfield Ln.,  
63132. Tel: 314-994-7800. Email: [june.pickett@ssmhc.com](mailto:june.pickett@ssmhc.com). Member of SSM Health Care.  
SSM Health Care Portfolio Management Company,  
10101 Woodfield Ln., 63132. Tel: 314-994-7800.  
Email: [june.pickett@ssmhc.com](mailto:june.pickett@ssmhc.com). Member of SSM  
Health Care.  
SSM Health Care St. Louis, 1178 Corporate Lake  
Dr., 63132. Tel: 314-989-2000; Fax: 314-989-2400.  
Web: [www.ssmhealth.com](http://www.ssmhealth.com). Email: [judy.gartland@ssmhc.com](mailto:judy.gartland@ssmhc.com). Member of SSM Health Care.  
SSM Hospice and Home Care Foundation, 10143  
Faget Dr., 63132. Tel: 314-989-2775; Fax: 314-989-  
2903. Laura Morris, Foundation Dir.

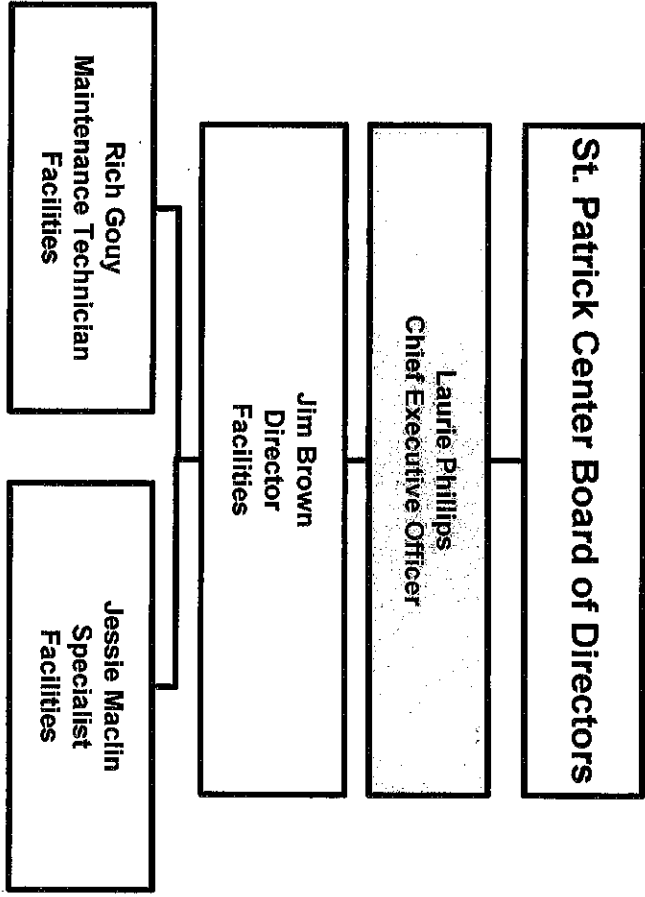
SSM St. Mary's Health Center Foundation, 6420  
Clayton Rd., 63117. Tel: 314-768-8741; Fax: 314-  
768-7124. Email: [clandra.dillard@ssmhc.com](mailto:clandra.dillard@ssmhc.com).  
Web: [www.givetoasmhealth.org](http://www.givetoasmhealth.org).  
www.ssmstmarys.org. Member of SSM Health  
Care.  
SSM Regional Health Services, 10101 Woodfield  
Ln., 63132. Tel: 314-994-7800. Email:  
[june.pickett@ssmhc.com](mailto:june.pickett@ssmhc.com). Member of SSM Health  
Care.  
SSND Central Pacific Retirement, Inc., 320 E. Ripa  
Ave., 63125. Tel: 314-544-0456; Fax: 314-544-6764.  
St. Charles County Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
St. Francois County Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
St. Louis City Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
Stand Up for CBC, Inc., 1850 De La Salle Dr., Town  
and Country, 63181.  
St. Genevieve County Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
Ursuline Sisters Trust Fund, 353 S. Sappington Rd.,  
63122. Tel: 314-821-6884; Fax: 314-821-6888. Web:  
[www.ursuline.org](http://www.ursuline.org). Ellette Gibson, Contact  
Person.  
US Central & Southern Province, Society of Jesus,  
Office of Advancement, 4511 W. Pine Blvd.,  
63108-2191. Tel: 314-861-7765; Fax: 314-768-7163.  
Email: [usadvancement@jesuits.org](mailto:usadvancement@jesuits.org). Web:  
[www.jesuitscentralandsouthern.org](http://www.jesuitscentralandsouthern.org). Mr. John  
Fitzpatrick, Dir.; Rev. Robert F. Weiss, S.J., Assoc.  
Dir.  
The Jesuits of the Missouri Province  
Warren County Catholic Church Real Estate  
Corporation, 20 Archbishop May Dr., 63119. Tel:  
314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
Washington County Catholic Church Real Estate  
Corporation (1821) 20 Archbishop May Dr., 63119.  
Tel: 314-792-7408; Fax: 314-792-7401. Rev. Msgr.  
Jerome D. Billing, S.T.L., J.C.L., Contact Person.  
We & God Spirituality Center, 3601 Lindell Blvd.,  
Ste. 617, 63108. Tel: 314-633-4630; Fax: 314-633-  
4404. Email: [wgc@weandgod.org](mailto:wgc@weandgod.org). Web: [www.weandgod.org](http://www.weandgod.org).  
\*Women for Faith and Family (1984) P.O. Box  
300411, 63130. Tel: 314-863-8365; Fax: 314-863-  
8558. Email: [editor@wff.org](mailto:editor@wff.org). Web: [www.wff.org](http://www.wff.org).  
Mrs. Helen Hull Hitchcock, Pres.  
Young Catholic Musicians, 1919 S. 7th St., 63104.  
Tel: 314-962-9260; Fax: 314-231-7464. Email:  
[revym@charter.net](mailto:revym@charter.net). Mary Smith, Contact Person.  
BRIDGETON, Boys Hope Girls Hope, 12120 Bridgeton  
Square Dr., 63044. Tel: 314-298-1250; Fax: 314-  
298-1251. Email: [hope@bhgh.org](mailto:hope@bhgh.org). Web:  
[www.boyshopegirls.org](http://www.boyshopegirls.org). Paul A. Minorini,  
Pres. & CEO. A College Preparatory Residential  
Child Care Agency Serving Abandoned, Abused  
and Neglected Children. Founded in 1977. With  
affiliated programs in: Baton Rouge; Chicago;  
Cincinnati; Denver; Detroit; New Orleans; New  
York; Northeast Ohio; Orange County, CA;  
Phoenix; Pittsburgh; St. Louis; San Francisco;  
Baltimore; Kansas City. Total Staff 226; Total  
Assisted 1,050.  
Room at the Inn formerly Providence Ministry  
Corporation (1998) 3415 Bridgeland Dr., 63044.  
Tel: 314-209-9198; Fax: 314-209-9207. Web:  
[www.roomattheinn.org](http://www.roomattheinn.org). Sisters Margie Luddon, C.D.P.,  
Area Asst.; Mary Francis Fletcher, C.D.P., Prov.  
The Sarah Community, 3221 McKelvey Rd. Ste 107,  
63044. Tel: 314-768-1817; Fax: 314-768-1880.  
Email: [joshuaughnessy@smonline.org](mailto:joshuaughnessy@smonline.org). Purpose:  
provides a continuing care retirement community  
for members of religious congregations and laity.  
Operates the following: Anna House, a skilled  
nursing facility; Veronica House, an assisted  
living facility; Naomi House, a retirement living  
facility.  
The Sarah Community Foundation, 3221 McKelvey  
Rd., Ste. 107, 63044. Tel: 314-768-1817; Fax: 314-  
768-1880. Email: [joshuaughnessy@smonline.org](mailto:joshuaughnessy@smonline.org).  
Mr. John O'Shaughnessy, Contact Person.  
Sisters of Divine Providence, 3415 Bridgeland Dr.,  
63044. Tel: 314-209-9198; Fax: 314-209-9207.  
Email: [armaryfranciscop@gmail.com](mailto:armaryfranciscop@gmail.com). Web:  
[www.divineprovidenceweb.org](http://www.divineprovidenceweb.org). Sisters Margie  
Luddon, C.D.P., Contact Person; Mary Francis  
Fletcher, C.D.P., Prov. Sisters 35.

**St. Patrick Center Board of Directors**











St. Patrick Center Board of Directors

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Rochelle Hanscom  
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SSVF

Gwen Stewart  
Counselor  
SSVF  
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Patrick Schommer  
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SSVF  
Financial Stability

Ed White  
Case Manager  
SSVF

Kenneth Wells  
Specialist  
SSVF  
Peer Support

Open  
Specialist  
SSVF  
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Counselor  
SSVF  
Housing Stability

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Veteran Intake

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SSVF

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Outreach Coordinator  
SSVF  
Expansion

Tierra Thomas  
Case Manager  
SSVF  
Expansion

Rhonda Stanley-Weber  
Case Manager  
SSVF  
Expansion

Open  
Case Manager  
SSVF  
Expansion

Arthur Tullock  
Mobile Outreach  
SSVF  
Expansion

Calvin Yancey  
Manager  
HVRP

Anna Ellmer  
Employment Specialist  
HVRP

Markeisha Franklin  
Employment Specialist  
HVRP

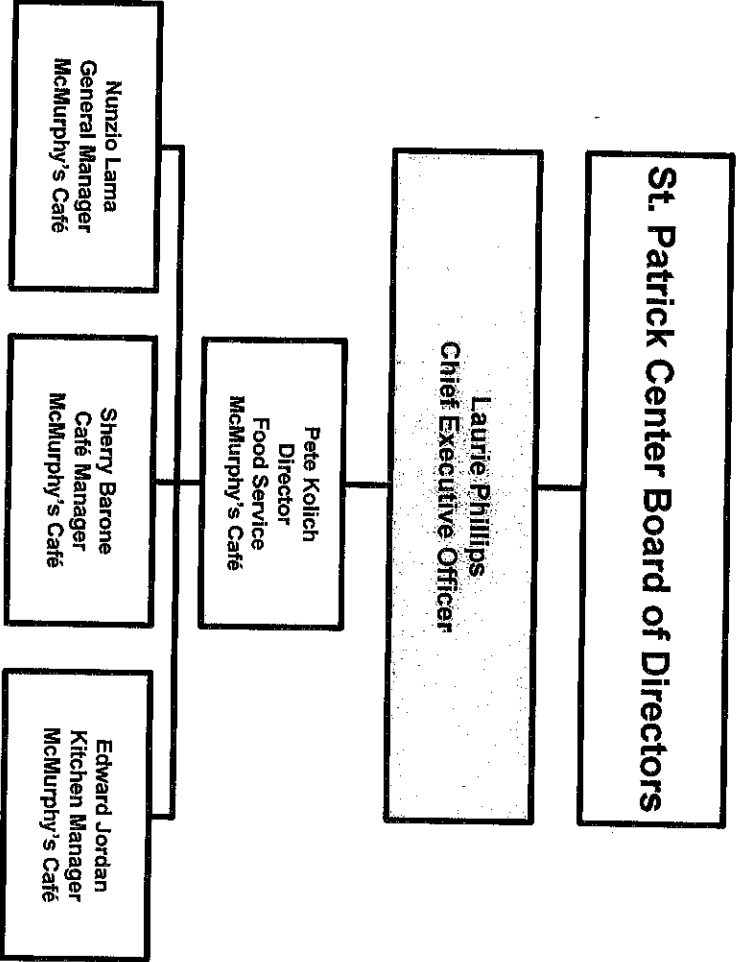
Reginald Boykins  
Employment Specialist  
HVRP

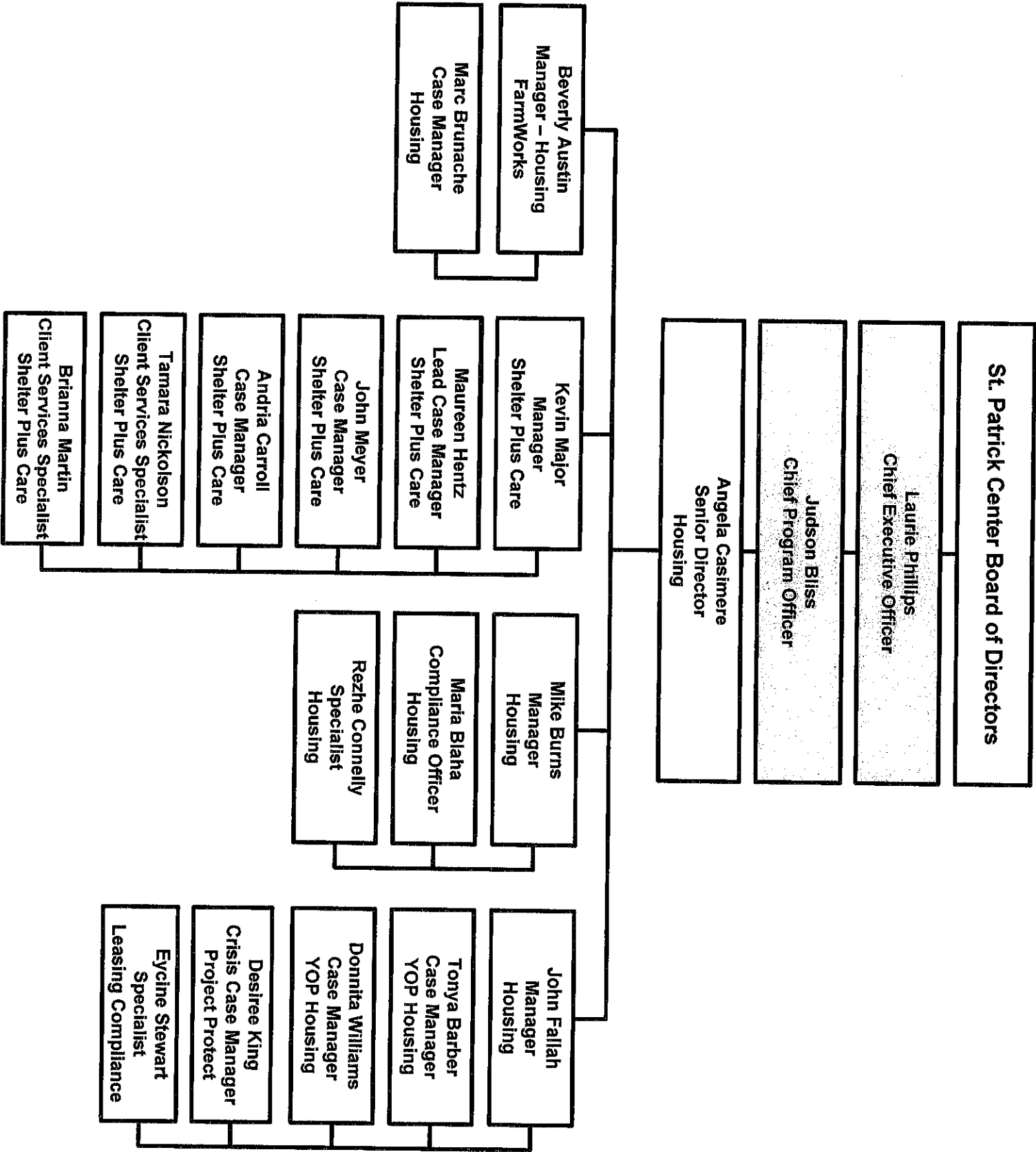
Open  
Job Developer  
NAP/HVRP

Shawn Thomason  
Workforce Development  
Manager

Parker Nanney  
Training Coordinator  
McMurphy's Café

Linda Lipa  
Job Developer





**St. Patrick Center Board of Directors**

**Judson Bliss**  
**Chief Program Officer**

**Tom Price**  
**Senior Director**  
**Behavioral Health Programs**

## Behavioral Health Programs

**Angela Tornatore  
Manager  
Mental Health Programs - ACT**

**Alvin Ferguson**  
**Worker**  
**Mobile Outreach**

**Peggy Stein  
Worker  
Mobile Outreach**

### Substance Abuse

## Vocational Rehab

ACT

ACT

## ACT

**Laurie Phillips**

**Judson Bliss**

**Tom Price**  
**Senior Director**

## Behavioral Health Programs

**Walter Kozuszek**

**ICM TEAM**

**James Gordon**  
**Counselor**  
**ICM Team**  
**Drug and Alcohol**

**Brigette Selbert**  
**Counselor**  
**ICM TEAM**  
**Community Resource**

**Jenny Haug  
Counselor  
ICM TEAM --  
Financial Stability**

**Chris Bibbs**  
**Counselor (PT**  
**ICM TEAM**

**Margaret Egan  
Manager  
Women's Night Program**

**Coordinators (PT)**  
**Women's Night Program**  
 Willie Johnson  
 Mary Covington  
 Robyn Brown (Wknd Eve)  
 Shalisha Morgan  
 (Evenings)  
 Bernadine Thomas (PRN)  
 Brittany Grant (PRN)

**Open  
Clinical Manager  
Behavioral Health**

**Jana Spencer**  
Program Assistant (PT)  
Affinia Health Program

**Ann Rotermund  
Contractor  
Shamrock**

**Bailey Pfister**  
**Counselor**  
**Shamrock - Intake**

**Kate Fortier  
Specialist  
Shamrock / AC\***

**Sydney Boyle**  
Coordinator  
Shamrock  
City Seeds

**Brian Carmon  
Staff Aide (PT)  
Shamrock**

**Lawrence Judge  
Greeter  
Shamrock**

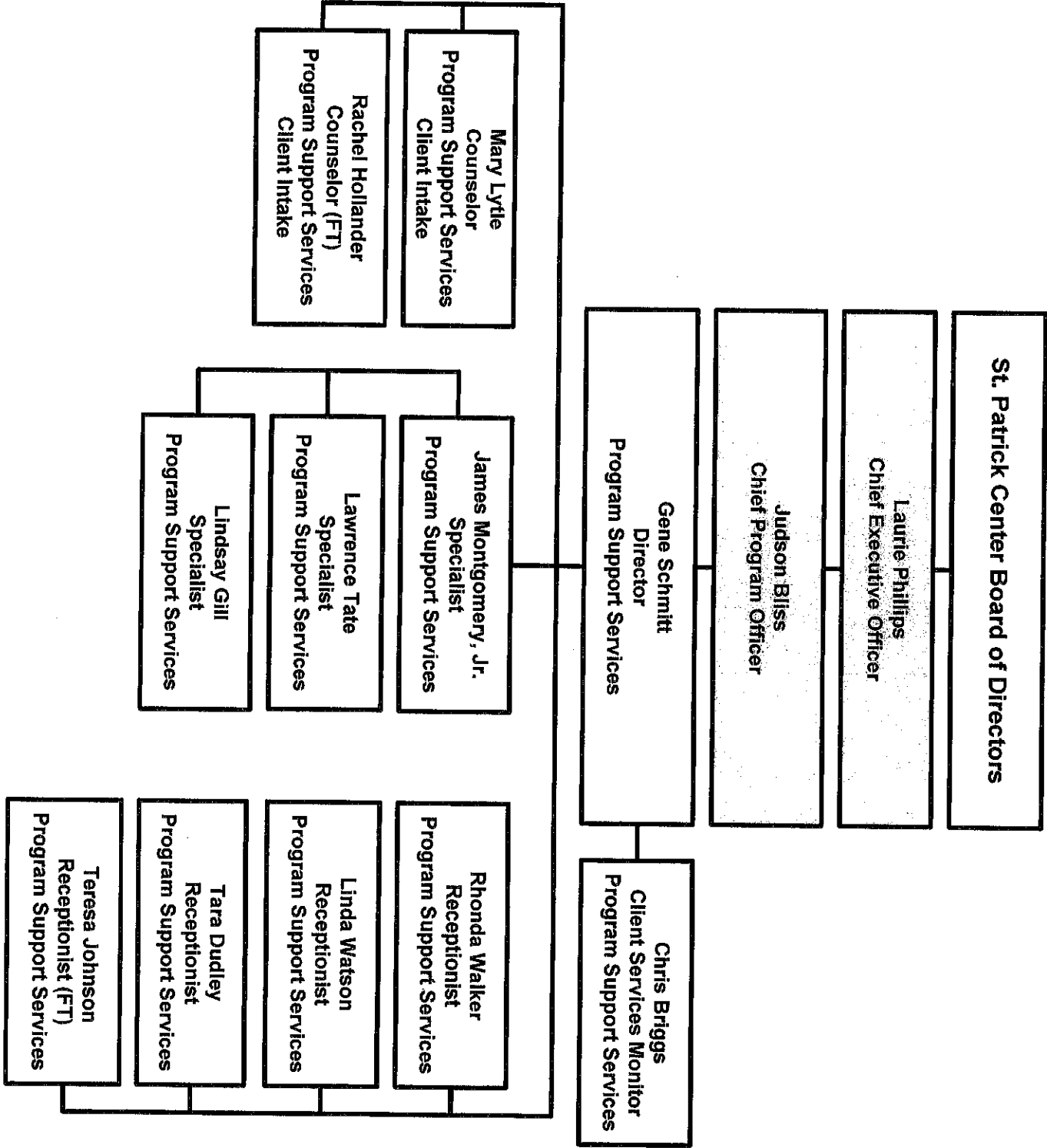
**Delnita McGhaw  
Greeter (PT)  
Shamrock**

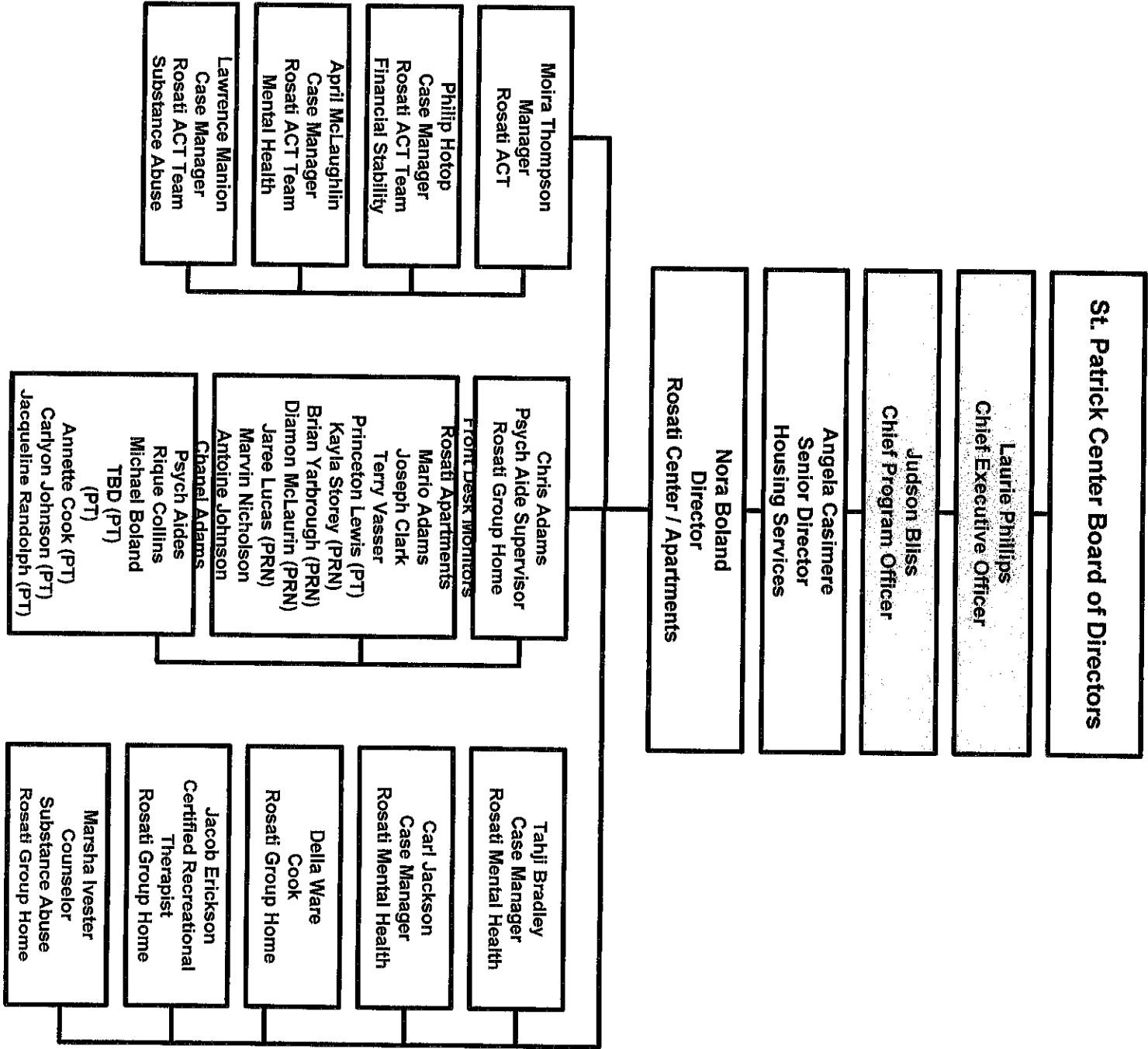
**Paul Dygard  
Greeter (PRN)  
Shamrock**

**Davey Grilini**  
**Kitchen Supervisor**  
**Shamrock**

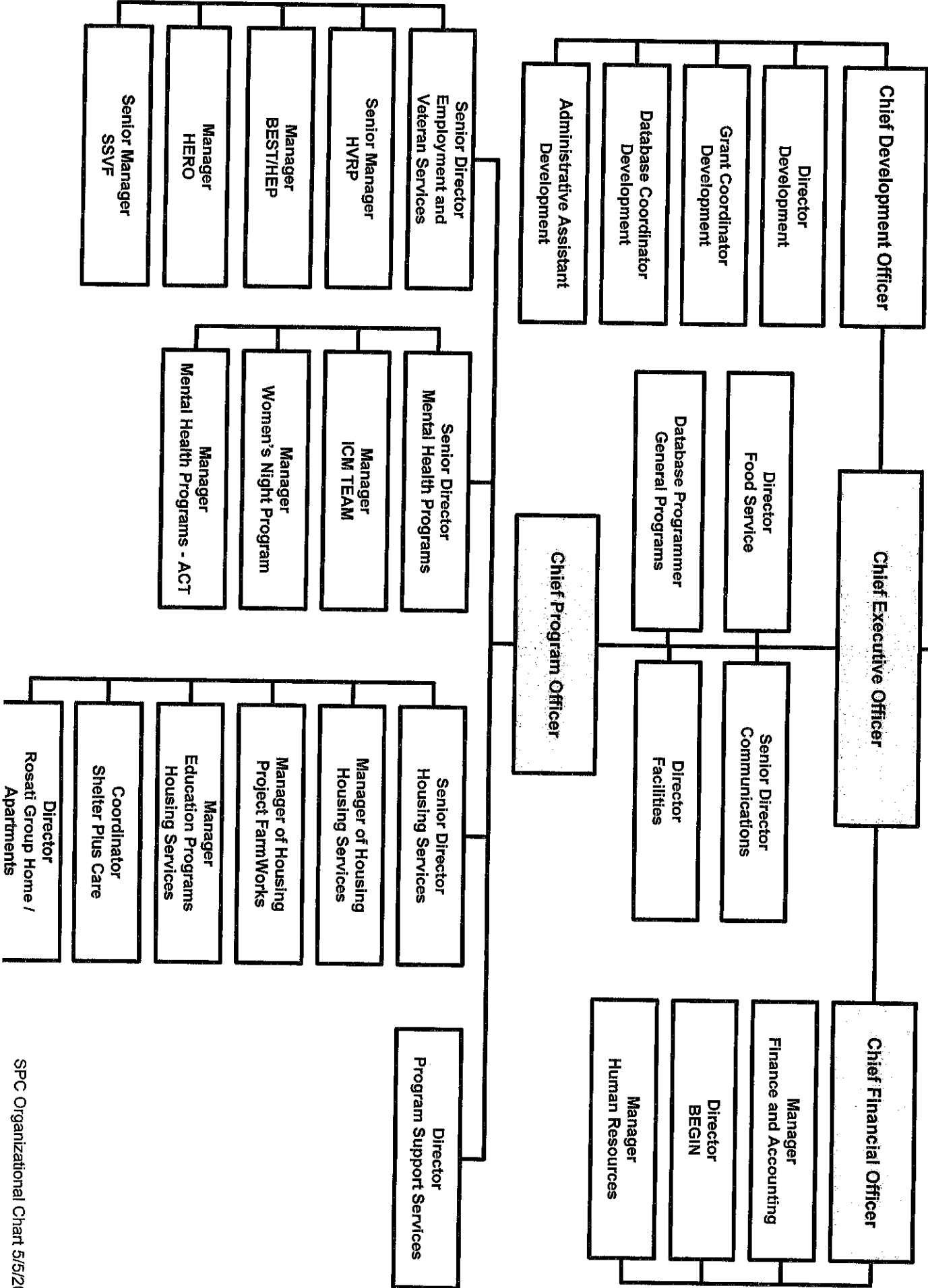
**Carl Murray**  
**Kitchen Assistant (PT)**  
**Shamrock**

Program Support Services





St. Patrick Center Board of Directors





## Board of Directors ♣ Fiscal Year 2016

### **OFFICERS**

**Karen Leverenz**

**(President)**

Account Manager, Matrixx Integrated Systems

**James E. Del Carmen**

**(Vice President, Strategic Direction)**

Partner, Collaborative Strategies, Inc.

**Robert G. Leonard**

**(Secretary)**

CEO/Partner, The Gatesworth

**Bryan Graiff**

**(Treasurer)**

Principal, Brown Smith Wallace

### **DIRECTORS**

**Joseph T. Ambrose**

President, St. Louis Region, First Bank

**Galen D. Bingham**

Director, Area Sales, Coca-Cola North America

**Maureen Borkowski**

President & CEO, Ameren Transmission

**Wilma Calvert**

Associate Professor, University of MO – St. Louis

**Joe Castellano**

Retired Executive Officer, Anheuser-Busch Companies, Inc.

**Jim Cunnane, Jr.**

Chief Investment Officer, Advisory Research, Inc.

**Mike Doyle**

CFO, The Gatesworth

**Jessica Eiland**

President, Northside Community Housing

**Dennis Jenkerson**

Fire Chief, St. Louis Fire Department

**Lawrence Keeley**

President & CEO, ADB

**Bret Kimes**

Retired Partner, Edward Jones

**Susan E. Lombardo**

Vice President, Vehicle Acquisition, Enterprise Rent-A-Car

**Elise Miller**

Student/Olin Business School, Washington University

**Bob Olwig**

Vice President, Corporate Business Development,  
World Wide Technology, Inc.

**Janice Orlando**

Owner, Orlando Banquets

**Michael Picker**

Director of Building Services  
Paric Corporation

**Dean Pilcher**

Vice President/Area Sales Manager  
First Bank

**Patrick M. Quinn**

CEO, Universal, Inc.

**Joseph Robinson**

Partner, Ernst & Young

**Theresa Ruzicka**

President, Catholic Charities

**Sylvia Scheuler**

VP Investment Accounting, RGA Reinsurance Company

**Cori Stebelman**

Former Chair, St. Patrick Center Board of Trustees

**L. Cartan Sumner, Jr.**

Vice President, International Government Relations,  
Peabody Energy

**Craig Unruh**

Regional Vice President, External Affairs, AT&T

### **DIRECTOR EMERITUS**

Leo P. Paradis

### **FOUNDER AND DIRECTOR EMERITUS**

Edith C. Cunnane



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**Open to Public  
Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ST. PATRICK CENTER**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**800 NORTH TUCKER**City or town, state or province, country, and ZIP or foreign postal code  
**ST. LOUIS, MO 63101****F** Name and address of principal officer: **CHRISTOPHER WOOD**  
**SAME AS C ABOVE****D** Employer identification number**43-1263499****E** Telephone number**314-802-0700****G** Gross receipts \$ **13,529,413.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.STPATRICKCENTER.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982** **M** State of legal domicile: **MO****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ST. PATRICK CENTER PROVIDES OPPORTUNITIES FOR SELF-SUFFICIENCY AND DIGNITY TO PEOPLE WHO ARE</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>27</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>26</b>
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b> <b>163</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>3708</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>5,448,234.</b> <b>Current Year</b> <b>4,673,369.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>7,048,371.</b> <b>7,650,048.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>166,286.</b> <b>230,590.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>436,717.</b> <b>698,806.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,099,608.</b> <b>13,252,813.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,923,533.</b> <b>4,226,621.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,265,739.</b> <b>6,731,571.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,057,462.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,691,498.</b> <b>3,840,883.</b>
	<b>18</b>	Total expenses. Add lines 13, 14, 15, 16b, and 17 (must equal Part IX, column (A), line 25)	<b>13,880,770.</b> <b>14,799,075.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-781,162.</b> <b>-1,546,262.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>29,517,868.</b> <b>End of Year</b> <b>29,350,954.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>19,037,400.</b> <b>19,464,911.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>10,480,468.</b> <b>9,886,043.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	<b>CHRISTOPHER WOOD, CHIEF FINANCIAL OFFICER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>JAMES R. RITTS</b>		
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>	PTIN <b>P00362910</b>
	Firm's address ▶ <b>ONE NORTH BRENTWOOD BLVD.</b>	Phone no. <b>314-290-3300</b>	
	<b>ST. LOUIS, MO 63105</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:  
**ST. PATRICK CENTER PROVIDES OPPORTUNITIES FOR SELF-SUFFICIENCY AND DIGNITY TO PEOPLE WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS. INDIVIDUALS AND FAMILIES BUILD PERMANENT POSITIVE CHANGE IN THEIR LIVES THROUGH SAFE AFFORDABLE HOUSING, SOUND MENTAL HEALTH, AND**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **3,380,681.** Including grants of \$ **833,522.**) (Revenue \$ **1,112,950.**)  
**BEHAVIORAL HEALTH PROGRAMS: MOST OF THE CHRONICALLY HOMELESS HAVE A MENTAL ILLNESS AND/OR A SUBSTANCE ABUSE PROBLEM. THE DAILY CASSEROLE PROGRAM HAS MORE THAN 60 CHURCH GROUPS COMPRISED OF 500 VOLUNTEERS PREPARING 125,000 MEALS FOR PEOPLE IN OUR MENTAL HEALTH PROGRAMS. APPROXIMATELY 3,000 CLIENTS WERE DEALING WITH BEHAVIORAL HEALTH ISSUES AND 1,500 RECEIVED BEHAVIORAL HEALTH SERVICES. THE WOMEN'S NIGHT SHELTER SERVED APPROXIMATELY 65 MENTALLY ILL WOMEN. AN ASSERTIVE COMMUNITY TREATMENT TEAM HAS HOUSED 52 CLIENTS LAST YEAR.**

4b (Code: ) (Expenses \$ **2,930,368.** Including grants of \$ **335,818.**) (Revenue \$ **916,275.**)  
**EMPLOYMENT PROGRAMS: FINANCIAL STABILITY IS A MAJOR OUTCOME FOR OUR CLIENTS. APPROXIMATELY 1,200 PEOPLE ARE ASSISTED ANNUALLY IN FINDING PERMANENT EMPLOYMENT. SPECIAL EMPHASIS IS PLACED ON PLACING NEARLY 150 VETERANS IN EMPLOYMENT. A TOTAL OF 340 PEOPLE WERE PLACED IN FULL-TIME OR PART-TIME JOBS. JOB READINESS CLASSES AND ON-THE-JOB TRAINING ACTIVITIES HELP PREPARE 400 PEOPLE FOR THEIR FUTURE JOBS. MCMURPHY'S CAFE AND EXPRESS LOCATIONS TRAIN APPROXIMATELY 50 PER YEAR FOR FUTURES IN THE RESTAURANT INDUSTRY.**

4c (Code: ) (Expenses \$ **6,873,220.** Including grants of \$ **3,055,466.**) (Revenue \$ **5,537,258.**)  
**HOUSING PROGRAMS: AN IMPORTANT OUTCOME OF THE AGENCY IS PERMANENT HOUSING FOR ALL CLIENTS. INDEPENDENT LIVING SKILLS PROGRAMS TEACH PARENTING AND LIFE SKILLS WHICH LEADS TO HOUSING AND SELF-SUFFICIENCY. MORE THAN 350 PEOPLE PARTICIPATED IN THESE CLASSES WITH 200 GRADUATES. OPERATION INDEPENDENT HOUSING AND HOUSING SUPPORT RESULTED IN 700 PEOPLE BEING PLACED INTO PERMANENT HOUSING. ROSATI APARTMENTS AND GROUP HOME PROVIDED HOUSING TO APPROXIMATELY 75 PEOPLE. IN ADDITION, OVER 320 FAMILIES WERE MAINTAINED IN HOUSING DURING THE YEAR.**

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ **1,814.** Including grants of \$ **1,814.**) (Revenue \$ **83,565.**)

4e Total program service expenses **13,186,083.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2014)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	1a	1b	1c	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0																																	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																															
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		163																																
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X																															
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O																																		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?																																		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																		
7 Organizations that may receive deductible contributions under section 170(c).																																		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																		
d If "Yes," indicate the number of Forms 8282 filed during the year																																		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																		
9 Sponsoring organizations maintaining donor advised funds.																																		
a Did the sponsoring organization make any taxable distributions under section 4966?																																		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																		
10 Section 501(c)(7) organizations. Enter:																																		
a Initiation fees and capital contributions included on Part VIII, line 12																																		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																		
11 Section 501(c)(12) organizations. Enter:																																		
a Gross income from members or shareholders																																		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																		
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.																																		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																		
c Enter the amount of reserves on hand																																		
14a Did the organization receive any payments for indoor tanning services during the tax year?																																		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		26												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X										
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4										X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5										X	
6 Did the organization have members or stockholders?			6	X										
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X										
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X										
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?			8a	X										
b Each committee with authority to act on behalf of the governing body?			8b	X										
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9											X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X											
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			12b	X											
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12c	X											
13 Did the organization have a written whistleblower policy?			13	X											
14 Did the organization have a written document retention and destruction policy?			14	X											
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official			15a	X											
b Other officers or key employees of the organization			15b	X											
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			16a												X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			16b												

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ST. PATRICK CENTER - 314-802-0700**  
**800 N TUCKER, ST. LOUIS, MO 63101**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH T. AMBROSE PRESIDENT	5.00	X		X				0.	0.	0.
(2) JAMES E. DEL CARMEN VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) ROBERT G. LEONARD SECRETARY	5.00	X		X				0.	0.	0.
(4) BRYAN GRAIFF TREASURER	5.00	X		X				0.	0.	0.
(5) BRUCE J. ANDERSON ED.D. DIRECTOR	5.00	X						0.	0.	0.
(6) GALEN D. BINGHAM DIRECTOR	5.00	X						0.	0.	0.
(7) MAUREEN BORKOWSKI DIRECTOR	5.00	X						0.	0.	0.
(8) JOSEPH CASTELLANO DIRECTOR	5.00	X						0.	0.	0.
(9) JAMES CUNNANE JR. DIRECTOR	5.00	X						0.	0.	0.
(10) JESSICA EILAND DIRECTOR	5.00	X						0.	0.	0.
(11) ROY E. GILLESPIE DIRECTOR	5.00	X						0.	0.	0.
(12) ROBERT GOWER DIRECTOR	5.00	X						0.	0.	0.
(13) DENNIS JENKERSON DIRECTOR	5.00	X						0.	0.	0.
(14) LAWRENCE KEELEY DIRECTOR	5.00	X						0.	0.	0.
(15) BRET KIMES DIRECTOR	5.00	X						0.	0.	0.
(16) KAREN LEVERENZ DIRECTOR	5.00	X						0.	0.	0.
(17) SUSAN E. LOMBARDO DIRECTOR	5.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAUREEN MCGLYNN DIRECTOR	5.00	X						0.	0.	0.
(19) ROBERT OLWIG DIRECTOR	5.00	X						0.	0.	0.
(20) JANICE ORLANDO DIRECTOR	5.00	X						0.	0.	0.
(21) DEAN PILCHER DIRECTOR	5.00	X						0.	0.	0.
(22) PATRICK M. QUINN DIRECTOR	5.00	X						0.	0.	0.
(23) THERESA RUZICKA DIRECTOR-PRES CATHOLIC CHARITIES	5.00 35.00	X						0.	139,577.	9,485.
(24) CORI STEBELMAN DIRECTOR	5.00	X						0.	0.	0.
(25) CARTAN SUMNER DIRECTOR	5.00	X						0.	0.	0.
(26) PAMELA TALLEY, MSN, APRN, CSACII DIRECTOR	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	139,577.	9,485.
<b>c Total from continuation sheets to Part VII, Section A</b>								194,849.	0.	40,220.
<b>d Total (add lines 1b and 1c)</b>								194,849.	139,577.	49,705.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE -		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)





**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a	237,950.			
	b	Membership dues	1b				
	c	Fundraising events	1c	95,734.			
	d	Related organizations	1d	30,900.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,308,785.			
	g	Noncash contributions included in lines 1a-1f: \$		1,143,856.			
	h	<b>Total.</b> Add lines 1a-1f		4,673,369.			
<b>Program Service Revenue</b>	2 a	HOUSING PROGRAMS	Business Code	624100	5,537,258.	5,537,258.	
	b	MENTAL HEALTH PROGRAMS		624100	1,112,950.	1,112,950.	
	c	EMPLOYMENT PROGRAMS		624100	916,275.	916,275.	
	d	OTHER PROGRAMS & SUPPORT		624100	83,565.	83,565.	
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		7,650,048.			
	3	Investment income (including dividends, interest, and other similar amounts)			51,591.		51,591.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
<b>Other Revenue</b>	6 a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	178,999.			
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)		178,999.			
	d	Net gain or (loss)			178,999.		178,999.
	8 a	Gross income from fundraising events (not including \$ 95,734. of contributions reported on line 1c). See Part IV, line 18	a	549,698.			
	b	Less: direct expenses	b	276,600.			
	c	Net income or (loss) from fundraising events			273,098.		273,098.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	<b>Miscellaneous Revenue</b>				<b>Business Code</b>		
11 a	INTEREST ON LOAN		900009	402,942.			402,942.
b	MISCELLANEOUS		900099	22,766.			22,766.
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			425,708.			
12	<b>Total revenue.</b> See instructions.			13,252,813.	7,650,048.	273,098.	656,298.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,226,621.	4,226,621.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	317,649.	197,628.	86,561.	33,460.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,017,143.	4,305,669.	95,841.	615,633.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	231,661.	197,356.	7,141.	27,164.
9 Other employee benefits	775,330.	686,890.	13,011.	75,429.
10 Payroll taxes	389,788.	325,646.	19,677.	44,465.
11 Fees for services (non-employees):				
a Management	214,832.		214,832.	
b Legal				
c Accounting	76,101.		76,101.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,566.	26,566.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	684,936.	619,639.	3,079.	62,218.
12 Advertising and promotion	330,318.	10,343.		19,975.
13 Office expenses	94,350.	50,014.	1,235.	43,101.
14 Information technology	251,765.	211,274.	2,359.	38,132.
15 Royalties				
16 Occupancy	387,476.	346,701.	8,944.	31,831.
17 Travel	88,457.	79,147.	3,496.	5,814.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,505.	29,547.	500.	1,458.
20 Interest	638,770.	638,770.		
21 Payments to affiliates	71,749.	71,749.		
22 Depreciation, depletion, and amortization	651,847.	624,821.	9,153.	17,873.
23 Insurance	110,470.	99,329.	4,310.	6,831.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES AND EQUIPMENT</b>	328,235.	303,453.	8,022.	16,760.
b <b>OTHER EXPENSES</b>	107,117.	106,759.		358.
c <b>REAL ESTATE TAXES</b>	24,164.	21,388.	461.	2,315.
d <b>BAD DEBTS</b>	14,350.			14,350.
e All other expenses	7,875.	6,773.	807.	295.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	14,799,075.	13,186,083.	555,530.	1,057,462.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	311,436.	1	121,431.
	2 Savings and temporary cash investments	3,090,211.	2	1,399,761.
	3 Pledges and grants receivable, net	751,113.	3	876,760.
	4 Accounts receivable, net	137,144.	4	174,036.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	9,787,900.	7	11,288,672.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,649.	9	96,959.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,951,020.		
	b Less: accumulated depreciation	10b 8,245,060.	10c	10,705,960.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,010,353.	12	2,914,613.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,797,887.	15	1,772,762.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,517,868.	16	29,350,954.	
Liabilities	17 Accounts payable and accrued expenses	321,187.	17	353,077.
	18 Grants payable		18	
	19 Deferred revenue	363,482.	19	271,229.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,770,900.	23	1,770,900.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,581,831.	25	17,069,705.
	26 <b>Total liabilities.</b> Add lines 17 through 25	19,037,400.	26	19,464,911.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	6,826,704.	27	6,684,999.
	28 Temporarily restricted net assets	1,479,496.	28	1,026,776.
	29 Permanently restricted net assets	2,174,268.	29	2,174,268.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,480,468.	33	9,886,043.
34 <b>Total liabilities and net assets/fund balances</b>	29,517,868.	34	29,350,954.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,252,813.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,799,075.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,546,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,480,468.
5	Net unrealized gains (losses) on investments	5	-226,163.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,178,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,886,043.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2014)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**ST. PATRICK CENTER**

Employer identification number

**43-1263499**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4621974.	5001848.	5246806.	5448234.	4673369.	24992231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	4621974.	5001848.	5246806.	5448234.	4673369.	24992231.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						884,288.
6 <b>Public support.</b> Subtract line 5 from line 4.						24107943.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....	4621974.	5001848.	5246806.	5448234.	4673369.	24992231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	60,441.	57,691.	60,520.	56,311.	51,591.	286,554.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....					273,098.	273,098.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	77,982.	80,657.	230,642.	81,038.	425,708.	896,027.
11 <b>Total support.</b> Add lines 7 through 10 .....						26447910.
12 Gross receipts from related activities, etc. (See instructions) .....					12	39,504,432.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	91.15 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	96.28 %
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2014

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	<b>Breakdown of line 7:</b>			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

OPEN TO PUBLIC INSPECTION

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ST. PATRICK CENTER

Employer identification number  
43-1263499

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,740,474.	2,356,778.	1,797,457.	1,897,163.	1,514,517.
b Contributions			378,099.		
c Net investment earnings, gains, and losses	12,958.	501,871.	283,050.	-82,036.	400,863.
d Grants or scholarships					
e Other expenditures for facilities and programs	104,928.	91,621.	80,760.		
f Administrative expenses	26,565.	26,354.	21,068.	17,670.	18,217.
g End of year balance	2,621,939.	2,740,474.	2,356,778.	1,797,457.	1,897,163.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.00 %  
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		831,000.		831,000.
b Buildings		12,611,781.	4,953,931.	7,657,850.
c Leasehold improvements		2,196,275.	363,842.	1,832,433.
d Equipment		275,477.	210,876.	64,601.
e Other		3,036,487.	2,716,411.	320,076.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,705,960.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) ENDOWMENTS	2,726,866.	END-OF-YEAR MARKET VALUE
(B) ANNUITIES	187,747.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,914,613.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER DIOCESAN RECEIVABLE	1,740,115.
(2) ACCRUED INCOME ON OTHER LOANS	19,987.
(3) OTHER BILLED RECEIVABLES	12,660.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,772,762.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ARCHDIOCESAN ENTITIES	189,533.
(3) PV ANNUITIES PAYMENTS	133,350.
(4) REFUNDABLE ADVANCES - FORGIVABLE	
(5) LOANS	4,250,000.
(6) TENANT SECURITY DEPOSITS	6,527.
(7) OBLIGATION UNDER LEASE	12,489,221.
(8) OTHER LIABILITIES	1,074.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,069,705.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2014



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,081,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-226,163.
b	Donated services and use of facilities	2b	232,661.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,498.
3	Subtract line 2e from line 1	3	12,074,813.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,178,000.
c	Add lines 4a and 4b	4c	1,178,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,252,813.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,031,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	232,661.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	232,661.
3	Subtract line 2e from line 1	3	14,799,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,799,075.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

ST. PATRICK CENTER MAY ELECT TO RECEIVE A DISTRIBUTION FROM ENDOWMENT

EARNINGS OF 2.5%-4.5% OF THE AVERAGE MARKET VALUE OF THE ENDOWMENT OVER A ROLLING PERIOD OF TWELVE QUARTERS. THE INCOME GENERATED FROM THE ENDOWMENT IS UNRESTRICTED AND AVAILABLE TO FUND THE AGENCY'S OPERATIONS.

**PART X, LINE 2:**

INCOME TAX STATUS: THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE OFFICIAL CATHOLIC DIRECTORY AND THEREFORE ARE TAX-EXEMPT PUBLIC CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL REVENUE CODE, EXCEPT FOR HOLY INFANT & ST JOSEPH ASSOCIATES LP,

ST. JOHN NEUMANN ASSOCIATES LP, AND ROSATI APARTMENTS LP. HOLY INFANT &amp;

**Part XIII** Supplemental Information (continued)

ST JOSEPH ASSOCIATES LP, ST. JOHN NEUMANN ASSOCIATES LP, AND ROSATI APARTMENTS LP ARE PARTNERSHIPS ESTABLISHED AS A PASS-THROUGH ENTITY FOR TAX PURPOSE. AS SUCH, THE ORGANIZATION CAN ONLY BE TAXED ON INCOME FROM ANY ACTIVITIES UNRELATED TO ITS CHARITABLE PURPOSE. AT JUNE 30, 2015, THE ORGANIZATION HAD NOT EARNED SUCH REVENUE; THEREFORE, NO TAX EXPENSE HAS BEEN RECORDED. THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

PRIOR YEAR DEFERRED INTEREST ON NOTES RECEIVABLE 1,178,000.

OPEN TO PUBLIC INSPECTION

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

**Open to Public Inspection**

Name of the organization

ST. PATRICK CENTER

Employer identification number	43-1263499
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## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8b. List events with gross receipts greater than \$5,000.

		(a) Event #1 IRISH OPEN GOLF TOURNAMENT	(b) Event #2 SPORTS TRIVIA	(c) Other events 1	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....	424,766.	203,858.	16,808.	645,432.
	2	Less: Contributions .....	30,665.	65,069.		95,734.
	3	Gross income (line 1 minus line 2) .....	394,101.	138,789.	16,808.	549,698.
Direct Expenses	4	Cash prizes .....		1,734.		1,734.
	5	Noncash prizes .....	34,282.	2,758.		37,040.
	6	Rent/facility costs .....	49,027.	12,000.	2,390.	63,417.
	7	Food and beverages .....	76,371.	3,545.	3,142.	83,058.
	8	Entertainment .....	450.	3,758.	350.	4,558.
	9	Other direct expenses .....	25,788.	57,292.	3,713.	86,793.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				276,600.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				273,098.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**Part IV** Supplemental Information (continued)

OPEN TO PUBLIC INSPECTION

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
Complete if the organization answered "yes" to Form 990, Part IV line 21 or 22.

▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ST. PATRICK CENTER

Part I	General Information on Grants and Assistance
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

☒ Yes ☐ No

29

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

**22** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**33** Enter total number of other organizations listed in the line 1 table

**LLHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH ALLOWANCE	213	8,872.	0.	BOOK	
CLOTHING	1688	0.	36,701.	FMV	VARIOUS CLOTHING
FOOD	137112	0.	845,583.	FMV	VARIOUS FOOD
FURNITURE	57	0.	24,075.	FMV	VARIOUS FURNITURE
HOUSING	281	0.	2,518,767.	FMV	HOUSING RENTAL ASSISTANCE

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

## PART I, LINE 2:

RECIPIENTS OF ASSISTANCE MUST MEET THE REQUIREMENTS OF THE PROGRAM FROM WHICH THEY RECEIVE ASSISTANCE. CHECK REQUESTS FOR THE DISBURSEMENT OF ASSISTANCE IS APPROVED AND SIGNED BY TWO PROGRAM STAFF. CONTINUED

PARTICIPATION IN THE PROGRAM IS MONITORED. ASSISTANCE IS TRACKED AGAINST THE BUDGET FOR THE FUNDING SOURCE AND INPUT INTO THE CLIENT TRACKING SYSTEM.



**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL	64.	0.	86,577. FMV		VARIOUS MEDICAL ASSISTANCE
STIPENDS	163.	84,126.	0. BOOK		
TOOLS	235.	0.	139. FMV		VARIOUS TOOLS
TRANSPORTATION	751.	0.	150,140. FMV		VARIOUS TRANSPORTATION
UTILITIES	329.	0.	193,573. FMV		VARIOUS UTILITY ASSISTANCE
VOCATIONAL EDUCATION	149.	0.	41,158. FMV		VARIOUS TRAINING
OTHER	2,732.	0.	233,910. FMV		VARIOUS GOODS

Schedule I (Form 990)

(Form 990 or 990-EZ)

OMB No. 1545-0047

2014

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ST. PATRICK CENTER

Employer identification number

43-1263499

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

**Total** ▶ \$

<b>Part III</b>		<b>Grants or Assistance Benefiting Interested Persons.</b>
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2014

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JIM DEL CARMEN	MEMBER OF BOD AND P	11,550.	COLLABORATI		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JIM DEL CARMEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF BOD AND PARTNER OF COLLABORATIVE STRATEGIES, INC.

(C) AMOUNT OF TRANSACTION \$ 11,550.

(D) DESCRIPTION OF TRANSACTION: COLLABORATIVE STRATEGIES ASSISTED WITH THE DEVELOPMENT OF A BUSINESS PLAN FOR ONE OF THE AGENCY'S PROGRAMS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

OPEN TO PUBLIC INSPECTION

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ST. PATRICK CENTER

Employer identification number

43-1263499

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	27	163,313.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	511	835,275.	FMV
20 Drugs and medical supplies .....	X	2	11,333.	FMV
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SCHOOL SUPPLI )	X	2,347	133,935.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, LINE 32B:**

**ALL STOCK DONATIONS ARE PROCESSED THROUGH A LOCAL BROKERAGE FIRM.**

OPEN TO PUBLIC INSPECTION

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ST. PATRICK CENTER

Employer identification number  
43-1263499

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOMELESS OR AT RISK OF BECOMING HOMELESS. INDIVIDUALS AND FAMILIES  
BUILD PERMANENT POSITIVE CHANGE IN THEIR LIVES THROUGH SAFE AFFORDABLE  
HOUSING, SOUND MENTAL HEALTH, AND EMPLOYMENT AND FINANCIAL STABILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPLOYMENT AND FINANCIAL STABILITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS & SUPPORT

EXPENSES \$ 1,814. INCLUDING GRANTS OF \$ 1,814. REVENUE \$ 83,565.

FORM 990, PART VI, SECTION A, LINE 2:

TWO DIRECTORS, JAMES CUNNANE JR. AND CORI STEBELMAN, ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 3:

ST. PATRICK CENTER PAYS A MANAGEMENT FEE TO THE ARCHDIOCESE OF ST. LOUIS.  
ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS ARCHDIOCESAN FUND  
(SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS.

ADDITIONALLY, THE CHIEF EXECUTIVE OFFICER OF ST. PATRICK CENTER IS AN  
EMPLOYEE OF CATHOLIC CHARITIES OF ST. LOUIS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST. LOUIS, WHICH  
ALSO HAS RESERVE POWERS.

Name of the organization

ST. PATRICK CENTER

Employer identification number

43-1263499

ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS AND THE ARCHBISHOP OF ST. LOUIS.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS PREPARED BY EMPLOYEES OF THE ARCHDIOCESE OF ST. LOUIS, THEN IT IS REVIEWED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. A DRAFT COPY OF THE FORM 990 IS PROVIDED TO ST. PATRICK CENTER'S MANAGEMENT BEFORE IT IS PROVIDED TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO THE FILING OF THE TAX RETURN. ONCE ALL QUESTIONS AND COMMENTS ARE CLEARED BY THE CHIEF FINANCIAL OFFICER, THE FORM 990 IS ACCEPTED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS

Name of the organization

ST. PATRICK CENTER

Employer identification number

43-1263499

AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD REVIEWS AND APPROVES COMPENSATION OF TOP MANAGEMENT AND OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE EXAMINES COMPARABLE POSITIONS IN THE LOCAL MARKET FOR ANNUAL SALARY RANGES. ADDITIONALLY, THE COMMITTEE REVIEWS THE ORGANIZATION'S BUDGET TO DETERMINE THE ABILITY TO FUND THE COMPENSATION AMOUNTS.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR DEFERRED INTEREST ON NOTES RECEIVABLE 1,178,000.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE ARCHDIOCESE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.









**Part V** Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

OPEN TO PUBLIC INSPECTION

**Depreciation and Amortization**  
(Including Information on Listed Property) 990  
▶ Attach to your tax return.

OMB No. 1545-0172

**2014**

Attachment  
Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return <b>ST. PATRICK CENTER</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>43-1263499</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation** (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation** (Do not include listed property.) (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2014 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	0.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
43 Amortization of costs that began before your 2014 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44



Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2014, or tax year beginning JUL 1, 2014, and ending JUN 30, 20 15**2014**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B

Name of exempt organization

**ST. PATRICK CENTER**

Employer identification number

**43-1263499****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>13,252,813.</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 990-B check here <input type="checkbox"/>	b Balance due (Form 990-B, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration of Officer**

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Signature of officer

Date

CHIEF FINANCIAL OFFICER

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <i>Michael J. Duffy</i>	Date <i>11/15/15</i>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <b>P00019702</b>
	Firm's name (or yours if self-employed), address, and ZIP code <b>MICHAEL J. DUFFY CPA 20 ARCHBISHOP WAY DR. ST. LOUIS, MO 63119</b>				Phone no. <b>314-792-7133</b>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than ERO) is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/type preparer's name <i>James R. R. R.</i>	Preparer's signature <i>James R. R. R.</i>	Date <i>11/16/15</i>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00362910</b>
	Firm's name <b>RUBINBROWN LLP</b>			Firm's EIN <b>43-0765316</b>	
	Firm's address <b>ONE NORTH BRENTWOOD BLVD. ST. LOUIS, MO 63105</b>			Phone no. <b>314-290-3300</b>	

**Job Title:** BHOC Manager

**Agency:** St. Patrick Center

**Direct Report:** Director, Program Support Services

**Date of Review:** July 2016

### **SUMMARY OF POSITION**

1. Responsible for the coordinated intakes of all clients entering the Partnership Center and BHOC. The primary function is to conduct and supervise the process of rapid assessments and referrals to appropriate services. The manager will also coordinate the development and implementation of the progress/support management of clients as they receive services within the homeless service system.
2. The Manager provides leadership and direction to the intake specialists, diversion specialists, and agency receptionists. This person must be able to perform well in a high volume environment and maintain a high standard of customer service and professionalism.
3. Responsible for coordinating with shelter operations staff.

### **DUTIES AND RESPONSIBILITIES**

- Develop a cohesive team environment.
- Oversee the client intake, assessments, and referral process at SPC and BHOC. This includes meeting with clients as well as managing the client intake process.
- Monitor the consistency of intakes and referrals within all programs and shelters.
- Assist in providing a service delivery system that focuses on establishing and maintaining client relationships with St. Patrick Center, BHOC, and tenant Partnership staff.
- Communicate regularly with the program directors regarding program and intake needs.
- Communicate with shelters regarding referral process.
- Assist in the coordination of client flow from the Welcome Center to the point of program/agency (including CoC agencies) service delivery.
- Assist in the coordination of client flow from BHOC intake, to shelter, to housing.
- Participate in the development of collaborative programs.
- Manage the client application process for emergency support (e.g. Neighborhood Support) within Centralized Intake.
- Ensure all CoC mandated prevention and diversion process are utilized and recorded into HMIS.
- Handle other duties as assigned.
- Responsible for keeping the area neat and clean.
- Supervise Intake Specialist(s), Diversion Specialist(s), and Intake and Orientation Concierge(s).
  1. Provide direction and assignments based on work volume and staffing needs

## **2. Implement cross-training schedule**

- Supervise Food Service Supervisors
- Handle intake responsibilities and duties.
- Coordinate the work schedules of team members to ensure coverage at all times.
- Develop and implement team building projects.
- Conduct weekly staff meetings.
- Assist in the organization and preparation of special projects as needed by the Director of Program Support Services.

The main client entrance at SPC and BHOC represent the first point of contact with the St. Patrick Partnership and should display a professional atmosphere at all times. The following are tasks that are to be handled daily.

### **Welcome Center**

- Direct clients to meet with staff about shelter and/or agency programs.
- Direct clients to the proper counselor or Partnership agency
- Direct clients to support group meetings, skills and employment classes, and GED/ABE classes
- At the end of each work day, ensure that computers are turned off, lock all counseling rooms, and lights are off

### **BHOC**

- Oversee reception process for clients entering BHOC.
- Direct clients to proper staff member based on their needs.
- Oversee Diversion Specialists and track number of clients diverted from shelter.
- Oversee intake process for clients who are referred to shelter.
- Ensure data is entered into HMIS.
- Run reports to ensure outcomes are being met.

### **Direct Reports**

- Intake Specialists
- Intake and Coordination Concierge (Welcome Center, BHOC)
- Diversion Specialists
- Food Service Supervisors

### **Knowledge and Experience Required**

- Bachelor's degree in related area
- Supervisory experience required
- Customer service experience required
- Experience working with the mentally ill, substance abusing and impoverished populations required

### **Skills and Attitude Required**

- Strong communication and organizational skills
- Good interpersonal skills

- Flexibility and positive attitude
- Self-motivated; self-starter
- Ability to work with a diverse, at-risk population
- Ability to understand and refer client to SPC programs, tenant partners, shelter, housing project, and community mainstream service.

**Relationships required**

- Ability to facilitate communication between St. Patrick Center staff and tenant partners.

JOB TITLE: Diversion Specialist

AGENCY: St. Patrick Center

REPORTS TO: BHOC Manager

DATE OF JOB DESCRIPTION REVIEW: July 2015

1) SUMMARY OF POSITION:

Divert as many individuals as possible experiencing a housing crisis from the homeless service system by assisting them in exploring alternative housing resources and providing them with information, guidance and support. Reduce the number of people entering emergency shelters and homelessness. Serve as an integral member of multi-disciplinary, housing-focused service team.

2) RESPONSIBILITIES

- Provide information and make appropriate, accurate referrals for clients regarding housing and community support for individuals to be successfully diverted from emergency shelter
- Work with individuals who are able to be rehoused rapidly with financial assistance provided by state and local entities in order to prevent homelessness or minimize time in homelessness
- Foster and develop housing leads and landlord contacts through outreach activities and collaborate with other staff to develop housing resources
- Provide mediation for families, landlords and other involved parties
- Establish and maintain excellent working relationships with area housing resource providers and related services/agencies
- Coordinate rental assistance strategies and housing applications
- Ensure all clients are tracked and provision of aftercare services are provided for up to three months. Make appropriate follow up calls to determine whether needs were met and whether agencies are still providing services
- Ensure all services are documented and entered into Empowered Case Management system in an accurate and timely manner
- Maintain accurate and comprehensive knowledge of available CoC and other related human services.
- Exhibit commitment to work ethic through punctuality and preparedness. Communicate and interact with all clients, teammates, colleagues and others.
- Other duties as assigned

3) DIRECT REPORTS:

- (None)

4) KNOWLEDGE AND EXPERIENCE:

- Bachelor's degree; concentration in social work or related field preferred.

- Prior experience working with homeless and/or socially/economically disadvantage persons preferred.
- Microsoft Office experience and internet proficiency required.
- Strong knowledge available housing and community resources, including veterans' services required.

5) **SKILLS AND ATTITUDES REQUIRED:**

- Strong communication skills
- Ability to handle multiple tasks
- Ability to interview clients professionally and in a manner that allows for the gathering of appropriate client information
- Ability to work with a diverse, at-risk population
- Ability to work with all levels of staff / management
- Ability to be flexible and to be able to make the transition as development and change occur within SPPC / SPC

6) **RELATIONSHIPS REQUIRED:**

- Reports to BHOC Manager
- Works with other agency staff
- Works with service providers in the St. Louis community
- Works with clientele

**Job Title:** Intake and Orientation Concierge

**Agency:** St. Patrick Center

**Direct Report:** BHOC Manager

**Date of Review:** May 2016

**Summary of Position:**

The Intake and Orientation Concierge will staff the BHOC Welcome Desk, professionally greeting and directing clients and visitors of the Center, and answering/directing incoming phone calls to the Center. The Concierge will be required to become trained and become proficient to assist in other job duties assigned to the BHOC Coordinated Entry Team.

**Duties and Responsibilities of Position:**

The Concierge desk represents the first point of contact with the BHOC and will operate professionally at all times. The Concierge will take exceptional care to assist guests, volunteers and staff members. This position also requires that the Concierge treat clients and potential clients of BHOC and their partners with dignity and respect.

**Concierge Desk –**

1. Answer incoming telephone calls in a professional manner and transferred to the proper person.
  - a. all calls should be answered within 5 rings
  - b. all calls should be answered with a courteous tone and greeted: “Good morning Biddle House Opportunity Center - how may I help you?”
  - c. callers requesting detailed information about programs/services should be transferred to appropriate department in order to keep the lines free
  - d. callers wishing to leave a message for BHOC staff are transferred to staff voicemail
2. Enter data in computer (ex. excel spread sheets, etc) as needed
3. Keep area neat and clean
4. Assist in the organization and preparation of special projects as directed by the BHOC Intake Manager.
5. Allow entrance to appropriate visitors
6. Direct clients, potential clients, guests, vendors, donors, volunteers, and others appropriately throughout the BHOC.
7. Mail
  1. sort and distribute
  2. monitor, operate, and maintain the postage meter (if appropriate/obtained).
  3. ensure mail is deposited at the end of the day
8. Monitor Lobby area.
9. Ensure clients/potential clients are properly screened and placed on a call list.
10. Will assist Intake and Diversion Specialists with bed reservations.
11. Other duties as assigned.

**Knowledge and Experience Required:**

- High School education or equivalent
- Customer service experience required
- Experience working with the mentally ill, substance abusing and impoverished populations preferred

**Skills and Attitude Required:**

- Strong communication and organizational skills
- Good interpersonal skills
- Flexibility and positive attitude
- Self-motivated; self-starter
- Ability to work with a diverse, at-risk population



## **JOB DESCRIPTION**

**Position:** Food Service Supervisor

**Agency:** St. Patrick Center

**Reports to:** BHOC Manager

**Date of Review:** May 2016

### **Summary of Position:**

This supervisory role is responsible for all food preparation and production, including assisting with the training and daily oversight of food staff; overseeing the food production of the kitchen; food services; and upholding all food service standards. This position requires knowledge of all kitchen operations along with opening and closing of the kitchen.

### **Duties and Responsibilities:**

- Plans and develops day and evening menus.
- Supervises and assists in serving meals daily.
- Ensures all food service trainees know and follow the food specifications for any menu items as well as standardized recipes for producing the same.
- Coordinates volunteer activities in the kitchen and dining area.
- Controls food waste by utilizing over production, and controlling portion sizes.
- Maintains high standards of sanitation throughout the kitchen operation.
- Observes, monitors and performs follow-up in all areas of the kitchen operation on a daily basis.
- Performs EOP inventory.
- Follows safety practices to minimize risk to self and others.
- Performs a physical daily inventory of all food items and ensure information is correctly entered and reviewed in HMIS for daily operation and services.
- Other duties as assigned.

### **Knowledge and Experience:**

- Two or more years of experience in a kitchen/food preparation environment.
- Working knowledge of all equipment used within the kitchen operation.
- Knowledge of production records and inventories.
- Must understand mental health and substance abuse issues.
- Professional culinary training desired.
- Food and Safety Certification required.

### **Skills and Attitudes:**

- Able to interface with all levels of management and staff.
- Be creative to adapt policies into operating procedures.
- Able to follow-up on multiple projects.
- Self-motivation

- Ability to motivate, supervise, train and direct students to accomplish the desired goals
- Ability to organize and prioritize daily food production.
- Ability to communicate in a positive and efficient manner, the expectations of students and hold these individual accountable for their areas of responsibility.
- Must be able to work as part of a team
- Flexibility in working with a wide variety of people.



PETER & PAUL COMMUNITY SERVICES  
Solving Homelessness Together

## JOB DESCRIPTION

**Position:** Program Director  
**Department:** Shelter Services  
**Supervision:** Executive Director

### DUTIES:

1. Is responsible for the daily operation of the Emergency Shelter, ensuring that activities are carried out in a safe, professional manner, in safe and well maintained facilities.
2. Serves as a member of the agency management team.
3. Hires all program staff. Delegates staff responsibilities and conducts regular staff meetings. Is responsible for staff development. Supervises management of all employee files.
4. Supervises the case management staff. Supervises client intake interviews, assists in determining appropriateness of client for program, develops and enforces policies and procedures.
5. Supervises management of client files, including documentation of client eligibility and progress in the program. Ensures all outcomes are tracked according to requirements of funding sources.
6. Assists in developing the annual budget and responsible to monitor and maintain budget for programs.
7. Working with Volunteer Coordinator, helps select, recruits, supervise and train all volunteers.
8. Networks with other social service providers, including St. Louis City CoC.
9. Serves as an *ex officio* member of the agency program services committee.
10. Assists the Executive Director in developing short-term and long-range planning for the program.
11. Assists the Director of Development in fund raising, e.g. grant writing, direct mail appeal.
12. Acts as member of Speakers' Bureau for the agency.
13. Performs other services as required by the Executive Director.



PETER & PAUL COMMUNITY SERVICES  
Solving Homelessness Together

## **Job Description**

**POSITION:** Assistant Shelter Director

**PROGRAM:** Emergency Shelter

**SUPERVISION:** Shelter Director

### **DUTIES**

1. Conducts resident intake interviews, determines appropriateness of clients for transitional program in conjunction with the Program Director.
2. Assesses functioning level and develops action plans with transitional clients in order to improve independent functioning.
3. Facilitates groups with transitional clients to increase client skills; increase exposure to activities of daily living, work or leisure; and/or address client substance abuse issues.
4. Assists clients with employment searches, resume preparation, job coaching, online job searches and applications, interview preparation and follow up with potential employers.
5. Assists clients in searching for housing.
6. Assists clients in creating and following a budget and debt reduction plan.
7. Assists with client to move into permanent housing.
8. Provides follow up care for clients who successfully move out on their own.
9. Attends and participates in weekly Thursday night community collabARTive sessions.
10. Transports clients when needed as part of general case management duties.
11. Provides conflict resolution and crisis intervention for shelter clients.
12. Assists management staff with Quality Assurance.
13. Routinely tracks shelter resident and program outcomes providing monthly and quarterly reports for grant purposes.
14. Assists in identifying, screening and engaging clients for substance abuse and mental health treatment.
15. Participates in annual/semi-annual certifications (CPR, First Aid) training requirements and continuing education including agency in-service trainings.
16. Possesses a working knowledge of community resources available to low income housing and homeless individuals.
17. Holds shelter clients accountable to all program requirements and terminates participation in the program if deemed necessary.
18. Assists Program Director in program design and development.
19. Assists in maintaining client files by completing assessments on new clients; compiling authorizations, releases and previous medical records; and writing progress notes in a timely and confidential manner.
20. Attends regularly scheduled staff meetings and in-services.
21. Provides supervision and coaching to Shelter Monitors and to Shelter Case Managers.
22. Performs other services as required by the Program Director.



**PETER & PAUL COMMUNITY SERVICES  
JOB DESCRIPTION**

**Position:** Shelter Monitor  
**Department:** Biddle House  
**Supervision:** Program Director

**Duties:**

1. Assist in overseeing the daily operation of the Emergency Shelter, ensuring that activities are carried out in a safe, professional manner in safe, well-maintained facilities. Primarily evening and overnight hours.
2. Attend all regularly scheduled staff meetings.
3. Assist in tracking all outcomes according to good practice standards/funder requirements.
4. Assist in overseeing volunteers.
5. Perform minor secretarial tasks, including but not limited to: answering phone(s), answering door(s), filing, photocopying, etc.
6. Provide a written record of client behaviors and situations for each shift worked, including client violations and staff actions taken.
7. Ensure cleanliness and good order of office and facilities.
8. Ensure client compliance with program policies and procedures.
9. Assist in receiving and storing in-kind donations.
10. Link clients with linens, hygiene supplies, and other stock supplies as requested by clients or staff.
11. Ensure avenues of egress for all clients at all times.
12. Contact appropriate staff members in case of emergency or crisis. For crisis that is clinical in nature or that involves a client of the Department of Mental Health, ensure the involvement of a Qualified Mental Health Professional (QMHP).
13. Perform other services or duties as required by Program Director.



PETER & PAUL COMMUNITY SERVICES  
Solving Homelessness Together

## **JOB DESCRIPTION**

**Position:** Laundry Staff  
**Department:** Biddle House Opportunity Center  
**Supervision:** Assistant Shelter Director

### **DUTIES:**

Tends laundering machines to clean facility linens and personal articles of residents. Loads articles into washer and adds specified amount of detergent or other cleaning agents. Lifts clean wet articles from washer and places them into dryers for measured time cycles. Sorts dry articles, folds and places items in appropriate storage shelves or resident rooms.

**Equipment used:** Industrial-sized washer and dryers.

**Duties and Responsibilities:** Must be able to perform the essential functions of the job with or without reasonable accommodations. Except as specifically noted, the following functions are considered essential to this position.

1. Wash and dry resident clothing and facility linens.
2. Fold and sort clothes and linens.
3. Deliver all resident laundry as designated.
4. Ensures that all clothes and linens are mended and ready to wear/use. Assures the availability of linens.
5. Understands functions of various soaps and bleaches, and uses them appropriately.
6. Assures personal and staff compliance to all State and Federal regulations including infection control, use of hazardous materials, and fire safety.
7. Maintains a clean and orderly work area.
8. Cleans filters on driers as directed.
9. Inventories supplies.
10. Assure personal and staff compliance to Residents' Rights.
11. Performs other duties as required by the Assistant Shelter Director.

## **LAURIE A. PHILLIPS**

4931 Pershing Place St. Louis MO 63108

314.478.4260

lauriephillips2001@gmail.com

### **PROFESSIONAL SUMMARY**

Dynamic and dedicated social work professional looking for a leadership position in the non-profit sector. Valuable team player recognized for skill in program and fund development, mission advancement, advocacy and direct client service, with proven competency in verbal and written communication, relationship building and problem solving. Bonus skill set includes fifteen years of corporate financial reporting and analysis experience, with acknowledged abilities in project and people management.

### **EDUCATION / CERTIFICATION**

WASHINGTON UNIVERSITY, GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK, St. Louis, MO	
<b>Master of Social Work</b>	2009
WASHINGTON UNIVERSITY, JOHN M. OLIN SCHOOL OF BUSINESS, St. Louis, MO	
<b>Master of Business Administration</b>	1999
UNIVERSITY OF MISSOURI, St. Louis, MO	
<b>Bachelor of Science in Business Administration / Accounting</b>	1992
<b>Certified Public Accountant</b>	1998

### **PROFESSIONAL EXPERIENCE**

FROM JANUARY 2010 THROUGH JULY 2013, MY FAMILY LIVED IN AUSTRALIA ON AN EXPATRIATE WORK ROTATION. MY PROFESSIONAL EXPERIENCE SHOWS A BREAK DURING THE TIME I LIVED OVERSEAS.

ALZHEIMER'S ASSOCIATION, St. Louis, MO 2014  
*A non-profit, American voluntary health organization that focuses on care, support, and research for Alzheimer's disease.*

#### **Walk Manager, St. Louis Walk to End Alzheimer's**

- Planned, managed and executed the St. Louis Walk to End Alzheimer's, the Chapter's largest fundraising and awareness event, contributing approximately 20% of total Chapter revenue.
- Managed a Planning Committee of 38 active members on six subcommittees, whose contribution to the Walk totaled over 1,000 volunteer hours, and represented a 200% increase over prior year membership.
- Established and cultivated corporate and family/friend Team relationships, resulting in five new corporate Walk Teams, and in an increase of 32% in participant fundraising (corporate and family/friend) over 2013.
- Exceeded fundraising goal by 10%, and increased revenue 26% from 2013.

CARDINAL GLENNON CHILDREN'S MEDICAL CENTER, St. Louis, MO

2009

*A 190 bed non-profit pediatric children's medical center, providing inpatient and outpatient care in all medical disciplines regardless of patients' ability to pay.*

**Student Intern (practicum)**

- Provided direct service to patient population and their families for a variety of medical needs, including coordination of home care and equipment, medical compliance education and end-of-life counseling.
- Assisted families in need of non-medical resources for improved patient health and medical compliance through housing, education and mental health counseling resource referrals.

ALZHEIMER'S ASSOCIATION, St. Louis, MO

2008 – 2009

**Student Intern (practicum)**

- Partnered with BJC Hospice to write, edit, and publish an approximately 150-page guidebook for alternative approaches to end-of-life care for persons with dementia.
- Developed schedule of activities and deadlines used by project members, including medical doctors, PhDs, and Masters level professionals.
- Planned, executed and evaluated two-day conference for approximately 100 professional caregivers on innovative, person-centered care for persons with dementia.

MONSANTO COMPANY, St. Louis, MO

2000 – 2008

*A leading agricultural biotechnology company that assists farmers worldwide.*

**Enabling Teams Support Team Lead (2006-2008)**

- Managed team in monthly reporting and analysis of spending and capital for eight global support teams, with a total annual budget of \$728 million in expense and \$70 million in capital.
- Coordinated monthly reporting, annual budgeting and long-range planning processes.
- Interpreted and implemented policy, facilitated board-level capital presentations and approval, and provided audit support.

**Manager, Investor Relations (2005)**

- Authored earnings release materials, including financial summaries, scripts, and presentation materials used by executive management for investor meetings and conferences.
- Served as key contact for investors on general business topics as well as specific public information and significant business acquisitions.



**Worldwide Budget and Planning Business Analyst (2003-2005)**

- Spearheaded coordination, consolidation, analysis, and presentation of total company P&L annual budget and monthly forecast.
- Directed budget and forecast operations, process improvements, and changes to business model and operations.
- Created clear and effective presentation materials for Board of Directors' annual budget review.

**North American Financial Analysis Lead (2000-2003)**

- Reported and analyzed P&L, balance sheet, and cash flow statements.
- Provided financial support for monthly actual reporting / forecasting and annual budgeting for \$1 billion of profit.
- Led systems implementation efforts and fiscal year change activities as core member of cross-functional team.

PHARMACIA CORPORATION (acquired by Monsanto, April 2000), St. Louis, MO 1998 – 2000

**Corporate Analyst / Financial Analyst**

- Provided financial analysis / support for various shared service teams, including monthly reporting, budgeting, forecasting, and merger related activities for all financial statements.
- Presented analysis at bimonthly meetings with CFO and Corporate Controller.

GENERAL AMERICAN LIFE INSURANCE COMPANY, St. Louis, MO 1995-1998  
**Senior Auditor, Internal Auditing**

KPMG LLP, St. Louis, MO 1992-1995  
**Supervising Senior Auditor**

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**COMMUNITY ACTIVITIES**

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Co-Chair, St. Gabriel's Young Families Group	2008 – 2009
Co-Chair, Finance and Personnel Committee – Sacred Heart Villa	2008 – 2009
Strategic Planning Committee Member – Sacred Heart Villa	2007 – 2008
Allocations Panel Volunteer – United Way	2007
Board Member – Women's Support and Community Services	1996 – 1998

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# Judson R. Bliss, LPC, LCSW, PhD

## Chief Program Officer St. Patrick Center

800 N. Tucker  
St. Louis, MO 63101

[jbliss@stpatrickcenter.org](mailto:jbliss@stpatrickcenter.org)

Phone: (314) 802-5437 Fax: (314) 802-1982

### Current and Recent Management Experience with St. Patrick Center

<i>Current</i> Chief Program Officer	2014-Present
<i>Previous</i> Director of Outcomes & Research	2011 - 2013
<i>Previous</i> Manager of Outcomes Assessment	2008 - 2011

### EDUCATION

<b>Master of Psychiatric Epidemiology</b> (Post-Doctoral training) Washington University School of Medicine, St. Louis, MO	2007
<b>Ph.D. Social Work</b> George Warren Brown School of Social Work, Washington University, St. Louis, MO	2005
<b>M.S.W.</b> George Warren Brown School of Social Work, Washington University, St. Louis, MO	2001
<b>M.A. Professional Counseling</b> Lindenwood College, St. Charles, MO	1993
<b>Lay Studies in Theology</b> Trinity School for Ministry, Ambridge, PA	1985
<b>B.A. Psychology</b> Oral Roberts University, Tulsa, Ok	1983

### PROFESSIONAL CREDENTIALS

<b>Licensed Professional Counselor</b> , Missouri # 002010	Issued: 03/27/1996
<b>Licensed Clinical Social Worker</b> , Missouri # 2007019560	Issued: 11/08/2007

### PROFESSIONAL HISTORY

#### Clinical Experience

**Crisis Support Counselor.** Crider Center for Mental Health, Wentzville, MO. 1995-1999  
**Flood Relief Caseworker.** Crider Center for Mental Health, Wentzville, MO. 1994-1995  
**Teacher Assistant.** Judevine Center for Autistic Children, St. Louis, MO, 1986-1987  
**Psychiatric Technician.** St. John Medical Center, Tulsa, Oklahoma, 1982-1984

#### Research

**National Institute of Mental Health Post-Doctoral Research Scholar in Psychiatry,**  
Washington University School of Medicine, St. Louis, MO, 2005-2007.  
**National Institute of Mental Health Pre-Doctoral Research Fellow,** George Warren Brown  
School of Social Work, Washington University St. Louis, MO, 1999-2002.

## **Judson R. Bliss, LPC, LCSW, PhD**

### **Management Experience**

**Manager:** Bliss Ranch, Nowata, Oklahoma, 1988-1991

**Caretaker:** Bliss Ranch, Nowata, Oklahoma, 1985-1986

**Salesperson and Account Manager:** Reliant Financial Corporation, St. Louis, MO, 1987-1988

### **Publications**

Bliss, J. R., Gillespie, D. F., & Gongaware, N. K. (2010). The Dynamics of Staff Turnover and Clinical Knowledge. *Administration in Social Work*, 33(4).

Bliss, J. R. (2006, April 28). Help for Helpers: Do Missouri mental health counselors need an organization to help with impaired colleagues? *Missouri Mental Health Counselors Message*.

### **Jurried Presentations**

Jonson-Reid, M & Bliss, J. (2003, March 10-12). *Emotionally Disturbed Children And School Social Work Services* (Poster). **Beyond the clinic walls: Expanding mental health, drug and alcohol services research outside the specialty care system.** National Institute of Mental Health, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Washington, DC.

### **Teaching**

**Practice Evaluation:** 2010 Saint Louis University School of Social Service, Saint Louis University, St. Louis, Missouri.

**Research Methods:** 2004 Saint Louis University School of Social Service, Saint Louis University, St. Louis, Missouri.

**Human Behavior:** 2003 George Warren Brown School of Social Work, Washington University, St. Louis, Missouri.

**Gene F. Schmitt**

**1251 Highway AA, Festus, Missouri 63028**

**314.210.0399**

## **SUMMARY**

*Self-motivated professional offering diversified Technical Instruction, Human Resource Management, Operations, Administration and Vendor Relations experience. Background includes recruitment, sales and marketing, personnel supervision, account/project management and benefits administration, as well as public speaking, group presentations, strategic planning and client advocacy.*

*Proven organizational, managerial decision making, analytical and problem solving abilities. Recognized for professionalism, enthusiasm and dedication to the employer, the client and project at hand. Well-developed verbal and written communication skills; expertise in developing rapport, gaining trust and interacting with people of all levels and diverse backgrounds.*

## **EDUCATION**

Lindenwood University

**May 1996**

Bachelor of Arts Major in Corporate Communications

GPA: 3.5/4.0

Dale Carnegie Human Relations and Public Speaking Course Graduate

## **EXPERIENCE**

**Director of Program Support Services**

**2005-Present**

St. Patrick Center

St. Louis, Missouri

- Develop a cohesive team environment.
- Oversee the client intake, assessments, and referral process. This includes meeting with clients as well as managing the client intake process.
- Monitor the consistency of intakes and referrals within all programs.
- Assist in providing a service delivery system that focuses on establishing and maintaining client relationships with St. Patrick Center and tenant Partnership staff.
- Communicate regularly with directors regarding program and intake needs.
- Assist in the coordination of client flow from the Client Entrance to the point of program/agency service delivery.
- Manage the client application process for emergency support (e.g. Neighborhood Support) within Centralized Intake.
- Supervise intake specialist, receptionists - front desk, client entrance and Grace Hill, and dock employees
- Provide direction and assignments based on work volume and staffing needs
- Coordinate the work schedules of team members to ensure coverage at all times
- Develop and implement team building projects
- Conduct weekly staff meetings
- Assist in the organization and preparation of special projects as needed by the Chief Program Officer
- Promoted from Veteran's Employment Specialist after two years of service
- Established a self-sufficient Emergency Food Pantry serving over one thousand clients each year. Food distribution in FY-2012 valued at over \$240,000
- Appointed as the St Patrick Center's Practicum/ Intern placement point of contact
- Established a relationship with the St Louis area Lion's Club and St Patrick Center for eye care service. Over 140 clients received glasses and examinations in FY-2012
- Instrumental in the development of St Patrick Center's new "Welcome Center"

**Director of Physician Services****1998-2005**

Locum Tenens, LLC

Arnold, Missouri

- Responsible for day-to-day operations. Supervision of employees, billing, risk management, registration for malpractice insurance, contract negotiations, and provider support.
- Contracted to recruit physicians and market clients. Obtain medical liability insurance, develop physician credential package, marketing and recruiting strategies, billing and budget management and logistic support.
- Contracted to take charge of recruiting and marketing for all positions in an entrepreneurial business unit, to provide professional locum tenens services to hospitals and anesthesiology groups nationwide.

**Master Sergeant/Recruiting Squadron Supervisor****1972-1998**

United States Air Force

Worldwide

- Overall responsibility for management of recruiting offices throughout St. Louis and surrounding communities.
- Recruitment of new airmen into the United States Air Force.
- Budget management
- Marketing
- Wing/Base/Squadron Public Relations Officer.
- Wing/Base/Squadron Family Support Manager.

**Career - Education Manager/DANTES Test Control Officer/Quality Assurance****Instructor/In Service Recruiter/Retention Manager/Security Education****Instructor/Senior Security and Law Enforcement Specialist**

- Designed and incorporated first fully functional DANTES Test Center on an Air National Guard installation.
- Saved military students over \$80,000 tuition costs in first year of operations.
- Established first Family Support Program – Model is the base of present day Family Support Programs for active and reserve personnel serving on active duty.
- Attended the USAF Teams and Tools Program.
- Conducted classes and seminars for military members of all levels incorporating the USAF Quality Assurance Program.
- Developed class curriculum.
- Responsible for conducting recruiting and retention seminars
- Advised officers and airmen on benefits of continued military service.
- Responsible for the administration of reenlistment bonus' and enrollment into the Montgomery GI Bill Education Program.

**Awards and Decorations**

USAF Meritorious Service Medal, USAF Commendation Medal (2), USAF Achievement Medal (3), Outstanding Unit Medal (2), National Defense Service Medal (2), Good Conduct Medal (5), Missouri State Conspicuous Service Medal, Missouri State Commendation Medal, National Defense Service Medal (2), Humanitarian Service Medal

Jefferson County Proclamation for Design and Implementation for Family Support Group  
Recipient of the Cardinal Rigali Service Award

**COMPUTER SKILLS**

Microsoft Word, Excel, PowerPoint, Access, ACT, Publisher, MS Schedule, ECM, and various Career Internet resume databases.

**References Available Upon Request**

**Rachel Hollander**  
8600 Brinker  
St. Louis, MO 63123  
rhollander@stpatrickcenter.org  
314-308-6006

### **Objective**

Seeking a position in a non-profit organization working with the homeless.

### **Workplace Learning**

St. Patrick Center  
St. Louis Crisis Nursery

August 2011-May 2012  
January-May 2010

### **Qualifications and Experience**

- Worked with clients directly during general intakes
- Assisted with updating resources
- Familiar with HUD guidelines
- Proficient with the ECM
- Assisted with the reception desk when needed
- Worked with clients to meet their immediate needs such as food, clothing, or hygiene products
- Able to refer clients to other agencies and offer several options for assistance
- Worked with diverse, at risk populations
- Actively listened to clients and customers
- Able to talk with others to convey information effectively
- Attended trainings, including: Diversity, Denver II, Illegal Immigrant Issues, and Communication with Clients

### **Volunteer Experience**

Affton Christian Food Pantry  
St. Louis Crisis Nursery  
St. Patrick Center  
SLU Hospital

August 2008-May 2012  
December 2010  
October 2009  
January 2005

### **Education**

University of Missouri St. Louis  
Bachelor of Social Work  
St. Louis Community College  
Associate in Arts

May 2012  
Fall 2009

### **Continuing Education**

Communication and Professional Interaction Skills for Front Line Workers February 2012  
Ethics Audit: Improving Practice Ethics August 2012

### **Employment History**

Coordinated Entry Coordinator, St. Patrick Center  
Client Intake Specialist, St. Patrick Center  
Cashier, the Pasta House Company

March 2016-Present  
May 2012- March 2016  
August 2004-Present

*References Available Upon Request*

2120 Oregon Avenue  
St. Louis, MO 63104-2206

314.603.9991  
[scampbell@ppcsinc.org](mailto:scampbell@ppcsinc.org)

## STEVE CAMPBELL

<b>OBJECTIVE</b>	To provide experienced, creative and effective leadership for a not-for-profit housing or community organization.		
<b>EXPERIENCE</b>	1986 – present	Peter & Paul Community Services	St. Louis, MO
	<b>Executive Director</b> Oversee five programs, including emergency and transitional housing for persons who are homeless, living with mental illness, HIV and/or addictive disorders. Responsible for overall service delivery, including housing, clinical services, contract administration, fiscal management, personnel issues, quality assurance, strategic planning, community/government relations, advocacy and other administrative functions. Manage an annual budget of \$2.8 million and a staff of 55.		
	1982 – 1986	Hosea House	St. Louis, MO
	<b>Executive Director</b> Oversaw two programs, including a neighborhood-based emergency food pantry and thrift store. Computerized agency database and financial systems. Developed programs serving 800 families.		
	1980 – 1982	Monsanto	St. Louis, MO
	<b>Cost Accountant</b> Implemented computerized employee time tracking system.		
<b>EDUCATION</b>	1978 – 1980	Kenrick Seminary	St. Louis, MO
	Post-graduate work in Moral Theology.		
	1974 – 1978	Cardinal Glennon College	St. Louis, MO
	B.A., Philosophy Graduated <i>Cum Laude</i>		
<b>HONORS</b>	Resolution Recognizing 25 years of service, Board of Aldermen, City of St. Louis, October 2012		
	Missouri Governor's Award for Excellence in Affordable Housing, September, 2012		
	"Archbishop Rigali Service Award," presented by the Archdiocese of St. Louis, September 2003		
	"Ethics and Compassion in Caring Award," presented by the Deaconess Incarnate Word Health System, 1997		
<b>COMMUNITY INVOLVEMENT</b>	Chair, Housing Trust Fund Advisory Committee, Missouri Housing Development Commission, (January 2010 to January 2012)		
	Vice-Chair, St. Louis City Continuum of Care, (December 2009 to December 2011)		
	Member, Review and Ranking Committee, St. Louis City Continuum of Care		
	Chair, Parish Council, Sts. Clare & Francis Parish, Ecumenical Catholic Communion, (March 2010 to August 2012)		

REFERENCES AVAILABLE UPON REQUEST

## **Donald T. Shipp, LCSW**

6127 Columbia Ave. St. Louis MO 63139 314-566-6600

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### **Employment**

January 2007-Present    Places For People    4130 Lindell, St. Louis, MO 63108

#### **Assertive Community Treatment Team Leader**

Provide clinical supervision for up to eight full time employees on a multi disciplinary team. Provide individual supervision, lead meetings, ensure quality assurance standards are met as well as maintain program integrity in meeting client outcomes. As a high fidelity ACT team in the State of Missouri, I ensured the team processes were aimed at meeting fidelity measures. I led the team to implement interventions to assist the team to improve fidelity measures when indicated. Identify team member's strengths to incorporate their skills sets in quality improvement efforts. Other duties include screening potential clients, identifying clients for discharge and assuring a smooth transition to an appropriate level of care. I also serve on the Continuous Quality Improvement committee.

October 2001-January 2007

#### **Pace Team Supervisor**

Provide clinical supervision for up to seven FTE case managers. As leader of a clinical team, duties were to lead meetings, provide individual supervision, ensure QA standards are met, ensure seamless transfer to appropriate level of care, maintain data for GIPRA looking at categories such as substance abuse recovery and housing status.

January 1999-October 2001

#### **Housing Case Management Specialist**

Worked on an ACT like team as the housing specialist. Responsible for developing housing and financial resources for persons who are dually diagnosed with mental health and substance abuse problems and assisting case managers with linking clients to these resources. Developed a Community Living Room for clients housed as a means of support and recreation during evening and weekend hours. Also responsible for providing act case management services for 5 to 10 persons who are dually diagnosed. Duties include writing assessments, treatment plans, progress notes, discharge summaries. I assisted clients with both voluntary and involuntary hospitalizations, provided on call crisis services, medication services, job placement and reunification with families.



December 1994-December 1998 BJC Behavioral Health 1430 Olive St. Louis MO 63103

### **Outreach Worker**

Responsible for identifying and outreaching homeless, mentally ill persons in St. Louis City and providing short term case management services. Primary duties include engaging clients into mental health and substance abuse treatment, as appropriate, then linking them to community resources for ongoing care and treatment. Also clients were linked to financial and housing resources to end and prevent homelessness. Provided on call crisis services and advocated for clients when civil rights have been violated.

Sept 1991-Nov 1994 Community Support System 1501 Locust St. Louis, MO 63103

### **Community Worker Program Coordinator**

Responsible for recruiting, training and supporting volunteer staff to provide general support to persons with severe mental illness, substance abuse problems and who are homeless. Also responsible for providing case management services for 5 to 10 of the same client group. Some of the duties include writing treatment plans, quarterly reviews, progress notes, assessments and discharge summaries.

October 1989-October 1991 Community Support System

### **Case Manager**

Responsible for assertive community treatment case management duties of ten persons with severe and persistent mental illness, substance abuse problems, and who are homeless, within a clinical service team. Duties include writing treatment plans, quarterly reviews and progress notes; completing assessments; providing linkage and referral to community resources; provide training and education to client in adult daily living skills; group recreational skill training; individual and group counseling as assigned; medication and symptom monitoring; provide transportation to clients as needed; provide crisis intervention services on a rotating on-call services; and advocate for client when civil rights have been violated.

## **Education**

**Masters Degree of Social Work** **May 1999**

St. Louis University, 211 North Grand Ave. St. Louis, MO 63103

**Bachelors Degree in Political Science** **May 1989**

Webster University 470 East Lockwood Ave. St. Louis, MO 63119

**Dan Hill**  
3457 Lawn Avenue  
Saint Louis, MO 63139

314.717.9299

[hilld84@gmail.com](mailto:hilld84@gmail.com)

## EDUCATION AND TRAINING

In 2008, I graduated Cum Laude from John Brown University with a Bachelor of Science in Psychology with minors in Family and Human Services as well as English.

Since graduating, I have completed training in Dialectical Behavioral Therapy, Applied Suicide Intervention Skills Training, Nonviolent Crisis Intervention, Group Dynamics, and CPR.

## WORK EXPERIENCE

### **Peter and Paul Community Services – Assistant Shelter Director**

7/2013 – present

Supervisor: Tom Burnham. 314-605-0011.

At a shelter for men who are homeless, my primary role is to provide case management for residents in the transitional housing program. In overseeing the daily activities of the shelter, however, I also develop and implement case management programs for the transitional program and for the general shelter program as well. In this, I work to maintain accurate documentation on clients' progress and outcomes. Weekly, I facilitate groups on topics to include substance abuse, anger management, group dynamics, and goal-setting.

### **BJC Behavioral Health – Intake Worker**

12/2012 – 7/2013

Supervisor: Christy Estrada. 314-206-3857.

On the Shelter Outreach Team, I search for individuals who are both homeless and have a serious mental illness. I work to connect those individuals to housing, vocational, financial, rehabilitative, medical, and psychiatric services. In outreaching, I seek to build rapport with those whose mental illness has made them resistant to seeking services. As part of outreaching, I collaborate with the agencies in the Saint Louis area that provide services to the homeless.

### **Division of Youth Services – Youth Specialist II**

12/2011 – 12/2012

Supervisors: Erica Dunlap, Julius Robinson. 636-797-9813.

At Hillsboro Treatment Center, a lock-down facility for juvenile offenders, I performed a variety of educational and counseling roles. I provided individual therapy with assigned youth, lead classroom activities, and facilitated group discussions. In addition, I accompanied youth to medical appointments and supervised family visitation. To maintain a safe and productive day-to-day environment, I utilized preventative, de-escalating techniques to avoid altercations and crises but intervened when those situations arose.

### **Convergys – Customer Service and Sales Representative**

5/2011 – 11/2011

Supervisor: Carla Whitter. 636-282-6200.

In a call center, I received inbound calls from AT&T customers who were seeking to cancel their wireless services. To maintain customer's ongoing services with AT&T, I worked to find resolutions to the issues that were prompting cancelation and completed thorough account notations.

### **BJC Behavioral Health -- Community Support Specialist**

3/2009 – 4/2011

Supervisors: Frances Allen, Dyann Brooks. 314-206-3700.

In the Kirkwood and Downtown offices, I provided case management services for chronically mentally ill adults. I assisted in managing my clients' finances, completing Medicaid, Medicare, and Social Security forms and acting as a representative payee for some clients. In addition, I provided crisis intervention services, completed risk assessments, and connected clients to educational, vocational, medical, rehabilitative, and psychiatric resources.

## **WORK EXPERIENCE (continued)**

### **Hillview Acres Children's Home -- Residential Counselor**

6/2007 -- 12/2007 & 5/2008 -- 8/2008

Supervisor: Julianne Aday. 909-628-1272.

In a group home for children who had experienced physical and/or sexual abuse, I worked to provide a nurturing environment and build therapeutic relationships. As a live-in staff, I managed all aspects of cottage life. Specifically, I managed the cottage budget and administered over-the-counter as well as psychiatric medications. As needed, I provided conflict resolution and crisis intervention. I completed daily clinical documentation and actively participated in an interdisciplinary treatment team to create individualized development plans.

## **OTHER WORK EXPERIENCE**

During my time in college, I took a variety of work study and summer jobs which included residential construction, tutoring, finance, historical archiving, and gym supervision.

## **VOLUNTEER EXPERIENCE**

### **Northwest Arkansas Crisis Center**

1/2007 -- 5/2007 & 3/2008 -- 5/2008

Volunteering on a crisis hotline, I received calls from individuals experiencing suicidal ideation stemming from circumstances including sexual assault, mental illness, and bereavement. While assessing for risk, I provided basic counseling, provided information on local resources, and developed safety plans.

### **Hilltop Rescue**

3/2006

After Hurricane Katrina, I traveled to New Orleans to assist in the recovery effort. My team assisted in clearing houses, disposing toxic substances, and recovering lost valuables for the storm victims.

## **REFERENCES**

### **Tom Burnham -- Shelter Director, Peter and Paul Community Services**

1025 Park Avenue  
Saint Louis, MO 63104  
314-605-0011

### **Christy Estrada -- Clinical Supervisor, BJC Behavioral Health**

1430 Olive Street  
Suite 500  
Saint Louis, MO 63103  
314-206-3857

### **Lou Kimmel -- Clinical Supervisor, BJC Behavioral Health**

1430 Olive Street  
Suite 500  
Saint Louis, MO 63103  
314-206-3854

Consolidated St. Patrick Center  
Fiscal Year 2016 Budget Detail  
Consolidated Schedule of Activities

**FY 2016  
BUDGET**

**UNRESTRICTED NET ASSETS  
REVENUES**

Fund Raising Activities	430,000
Unrestricted Contributions	3,174,000
Designated Contributions, Non-Government Grants	645,000
Government Grants and Fees	7,102,000
Contributed Services	1,166,000
Interest Revenue from NMTC	83,000
Miscellaneous	1,300,200
<b>Total Revenues</b>	<b>13,900,200</b>

Net Assets Released From Restrictions

<b>Total Releases</b>	<b>363,000</b>
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**Total Unrestricted Revenue and Other Support**

**14,263,200**

**EXPENSES**

Staffing Costs	7,537,000
Occupancy	489,000
Supplies and Equipment	506,000
Contributed Services	1,166,000
Aid to Individuals	2,934,000
Other	1,509,300
Interest Expense	151,000
Depreciation	852,000
<b>Total Expense</b>	<b>15,144,300</b>

**INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS (881,100)**

**TEMPORARILY RESTRICTED NET ASSETS**

Temporarily Restricted Revenue - Operations	240,000
Temporarily Restricted Revenue - Capital Projects	-
Temporarily Restricted Revenue - Endowment Gain Released From Restrictions	(363,000)
Value of Annuities Released from Temp to Permanently Restricted	-

**Increase (Decrease) Temporarily Restricted Net Assets (123,000)**

**Increase (Decrease) Permanently Restricted Net Assets -**

**CHANGE IN TOTAL NET ASSETS (1,004,100)**

Staff Position	Detailed Budget Information	Annual Budget Amount	HESG	AHC	Agency Match
Day Services, Security and meals for single men, women, and families		\$ 818,440	180,860	190,000	447,580
(4 FTE) Diversion Specialist	\$ 165,200				
(1.5 FTE) Diversion/Intake Manager	\$ 70,800				
(1.5 FTE) Intake and Orientation Concierge (reception)	\$ 53,100				
(1.5 FTE) Food Service Supervisor	\$ 61,950				
(1.5 FTE) Food Service Supervisor	\$ 26,550				
(1.4 FTE) Lead Monitor	\$ 48,106				
(2.8 FTE) Staff Monitor	\$ 82,468				
(1.5 FTE) Laundry Staff	\$ 46,816				
Shelter/Office Supplies (includes janitorial supplies, office supplies, meals, laundry detergent, blankets, furniture, etc for both day and overnight services)	\$ 258,250				
Interns (intake)	\$ 5,200				
Emergency Overnight Shelter for single men		\$ 360,965	171,000	171,000	18,965
(1 FTE) Assistant Shelter Director	\$ 38,000				
(2.8 FTE) Lead Monitor	\$ 96,213				
(5.6 FTE) Staff Monitor	\$ 164,936				
(1.5 FTE) Laundry Staff	\$ 36,816				
Security cameras	\$ 25,000				
<b>Total Program Expense</b>		<b>\$ 1,179,405</b>			
<i>Note: Housing Coordinators, Case Managers, food service and custodial will be staffed by St. Patrick Center and can be paid for through other funding sources.</i>					



**John J. Coatar**  
Alderman, 7<sup>th</sup> Ward

**BOARD OF ALDERMEN**  
**CITY OF SAINT LOUIS**  
**MISSOURI**

**COMMITTEES**  
Convention, Tourism, Arts & Humanities  
Public Safety  
Streets, Traffic & Refuse  
Housing, Urban Development & Zoning

May 12, 2016

City of St. Louis  
Department of Human Services  
1200 Market Street  
St. Louis, MO 63101

Dear Sir or Madam:

I am writing today in strong support of the collaborative application by St. Patrick Center and St. Peter & Paul Community Services to the City of St. Louis to serve as Biddle House Facility Manager and Service Coordinator.

Together, both agencies have the experience needed to make Biddle House an exemplary project. St. Patrick Center has experience in coordinating homeless services, while St. Peter & Paul Community Services have experience in coordinating overnight shelter. For over 30 years, St. Patrick Center has been a leader in providing homeless services in St. Louis; has vast knowledge of implementing a Housing First model; and significant partnerships and collaborations with other nonprofits and homeless services providers. St. Peter & Paul Community Services also has a long history of serving the homeless population in the St. Louis region, particular those who have a mental illness, developmental disabilities and/or live with HIV. Furthermore, St. Patrick Center is already an integral part of Biddle House efforts, having been selected by St. Louis City Continuum of Care (CoC) to implement and lead coordinated entry system for homeless services. St. Peter & Paul Community Services is a founding member of both the St. Louis City and County Continuums of Care and has mentored several agencies over the years to develop best practices that have contributed greatly to the St. Louis community.

I have complete confidence in both St. Patrick Center and St. Peter and Paul Community Services to fill these roles, and give the organizations my full support. I thank you in advance for your kind consideration and review of St. Patrick Center and St. Peter & Paul Community Services' application, and encourage you to look favorably on this request.

Sincerely,

Jack Coatar  
Alderman, 7<sup>th</sup> Ward



**BOARD OF ALDERMEN  
CITY OF SAINT LOUIS  
MISSOURI**

**KEN ORTMANN**  
ALDERMAN - 9TH WARD  
776-0161 (home)  
773-7090 (ward)  
622-4273 (FAX)

May 12, 2016

City of St. Louis  
Department of Human Services  
1200 Market Street  
St. Louis, MO 63101

Dear Sir or Madam:

Please accept this letter in support of the collaborative application by St. Patrick Center and St. Peter & Paul Community Services to the City of St. Louis for the contract for Biddle House Facility Manager and Service Coordinator.


Homelessness is a problem which the City of St. Louis has addressed for a variety of ways for many years. We've found that simply providing the homeless with food and temporary shelter, while necessary, is merely a short term solution. A comprehensive, collaborative approach among community organizations and local government that focuses on helping this population secure permanent housing is required. The upcoming Biddle House will help fill this need in St. Louis, serving as a central location to help streamline appropriate services to this population in order to help them achieve stable housing and self-sufficiency.

With the City's Biddle House project, St. Patrick Center and St. Peter & Paul Community Services will manage the facility in entirety and work to fill existing service gaps in St. Louis City. These organizations will collaborate to fill existing needs by: 1) coordinating emergency overnight shelter for single men experiencing homelessness; 2) provide temporary respite and meal service during daytime hours to those experiencing homelessness; and 3) lead coordination with other St. Louis City agencies to streamline the process for homeless individuals to enroll in the most appropriate housing program.

With the experience, leadership, and track record of success both agencies possess, I have complete confidence in both St. Patrick Center and St. Peter and Paul Community Services' ability to navigate this project. I encourage the City to approve their contract request.

Should you have any questions or need additional information, I can be reached at (314) 776-0161.

Sincerely,

  
Kenneth Ortmann  
Alderman, 9<sup>th</sup> Ward